

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report Click or tap here to enter text.

Auditor Information

Name: Douglas K. Lawson

Email: douglas.lawson@ks.gov

Company Name: Ellsworth Correctional Facility

Mailing Address: 1607 State Street

City, State, Zip: Ellsworth, Kansas, 67550

Telephone: 620-875-2728

Date of Facility Visit: June 11-15, 2018

Agency Information

Name of Agency:

California Department of Corrections and Rehabilitation

Governing Authority or Parent Agency (If Applicable):

State of California

Physical Address: 1515 S. Street

City, State, Zip: Sacramento, CA 94283

Mailing Address: PO Box 942883, Ste. 251-N

City, State, Zip: Sacramento, CA 94283-001

Telephone: (916) 985-2561

Is Agency accredited by any organization? ☐ Yes ☒ No

The Agency Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Agency mission: Click or tap here to enter text.

Agency Website with PREA Information: Click or tap here to enter text.

Agency Chief Executive Officer

Name: Scott Kernan

Title: CDCR Secretary

Email: scott.kernan@cdcr.ca.gov

Telephone: (916) 455-7688

Agency-Wide PREA Coordinator

Name: Shannon Stark

Title: Captain

Email: Shannon.Stark@cdcr.ca.gov		Telephone: (916)-324-6688	
PREA Coordinator Reports to: Amy Miller, Associate Director		Number of Compliance Managers who report to the PREA Coordinator 36 (35 Prisons, 1 Contracted Beds Unit).	
Facility Information			
Name of Facility: Salinas Valley			
Physical Address: 31625 Highway 101, Soledad, CA 93960			
Mailing Address (if different than above): PO Box 1020, Soledad, CA 93960-1020			
Telephone Number: (831) 678-5500			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: The mission of Salinas Valley State Prison (SVSP) is to provide long-term housing and services for minimum and maximum custody male inmates. In doing so SVSP offers educational, religious and self-help programming in the ongoing effort to help alleviate adverse behavior and reduce recidivism within the prison system. SVSP employees take pride in their continual efforts to ensure the delivery of services to the inmate population and in their primary mission of ensuring public safety and trust.			
Facility Website with PREA Information: https://www.cdcr.ca.gov/Facilities_Locator/SVSP.html			
Warden/Superintendent			
Name: Shawn Hatton		Title: Warden	
Email: shawn.hatton@cdcr.ca.gov		Telephone: (831) 678-5500	
Facility PREA Compliance Manager			
Name: Paul Sullivan		Title: Associate Warden	
Email: paul.sullivan@cdcr.ca.gov		Telephone: (831) 678-6215	
Facility Health Service Administrator			
Name: Bayode Omasaiye		Title: CEO	
Email: bayode.omasaiye@cdcr.ca.gov		Telephone: (831) 678-5500	
Facility Characteristics			

Designated Facility Capacity: 2242		Current Population of Facility: 3249	
Number of inmates admitted to facility during the past 12 months			2326
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			2326
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			2326
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			Information unavailable
Age Range of Population:	Youthful Inmates Under 18: 18-75	Adults: Yes	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			N/A (this information is not tracked by the facility)
Facility security level/inmate custody levels:			Levels I, III, and IV
Number of staff currently employed by the facility who may have contact with inmates:			1920
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			291
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			9
Physical Plant			
Number of Buildings: 29		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		29	
Number of Open Bay/Dorm Housing Units:		2	
Number of Segregation Cells (Administrative and Disciplinary:		164 total between 2 units	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): Cameras were placed sparingly throughout the facility with none being located inside of the living units. The facility visitation areas and Administrative Segregation Unit (ASU) contained multiple cameras. The visitation cameras were mounted inside of the room and monitored/stored by the control center for that area. The ASU video monitoring and storage was done from the control center of that unit. Additionally, the yard areas had video monitoring from each of the control centers for that particular yard.			
Medical			
Type of Medical Facility:		Correctional Treatment Center (CTC), Infirmary, Mental Health Crisis Beds (MHCB)	
Forensic sexual assault medical exams are conducted at:		Natividad Medical Center, Salinas, CA.	
Other			

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	12 contractors/200 volunteers as of 4/10/18
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	13

Audit Findings

Audit Narrative

Pre-Audit

Douglas K. Lawson, a U.S. Department of Justice (USDOJ) probationary status Certified PREA Auditor for Adult Facilities, conducted a Prison Rape Elimination Act (PREA) on-site audit of the Salinas Valley State Prison (SVSP) 31625 Highway 101, Soledad, CA. 93960, from June 11-15, 2018. Salinas Valley State Prison is operated by the California Department of Corrections and Rehabilitation (CDCR). California and Kansas are members of an audit consortium that also includes the State of Indiana. To complete the circular auditing, Kansas audits California, California audits Indiana, and Indiana audits Kansas. This is a new consortium within the past calendar year.

The audit was conducted with the assistance of three support staff –Peggy Steimel, Kansas Department of Corrections PREA Compliance Coordinator; Mark Mora, Certified PREA Auditor, Hutchinson Correctional Facility; Electra Knowles, PREA Compliance Manager, Winfield Correctional Facility. The audit team conducted the on-site review together.

Prior to the on-site portion of the audit, each team member was assigned specific sections of the standards for document review: Doug Lawson, 115.11-115.34; Mark Mora, 115.35-115.62; Electra Knowles, 115.63-115.76; Peggy Steimel, 115.77-115.93. During the on-site portion of the audit and subsequent documentation review each team member continued to focus on those sections of the standards.

The auditor provided the facility with a Notification of Audit via email attachments to CDCR PREA Compliance Coordinator, Captain Shannon Stark on April 23, 2018. The notification contained information on the upcoming audit and stated that any inmate or staff member with pertinent information should send a letter containing this information to the auditor. The notice contained the auditor's workplace address, a confidentiality statement, and stated the purpose of the audit. The auditor instructed the facility, via Capt. Stark, to post this notification in all housing units and throughout the facility for the six weeks prior to the onsite audit. The facility's PREA Compliance Manager, Associate Warden Paul Sullivan assured the auditor during a phone conversation on April 25, 2018 that the postings were distributed throughout the facility and on the facility information television channel. Additionally, he sent five (5) photographs of the postings, one from each facility. AW Sullivan and the auditor discussed making the notice available to all units and he provided p AW Sullivan stated that facility staff had been instructed to treat all correspondence to the auditor as confidential, much the same as legal material is treated. This same message was given to the mailroom staff at the auditor's facility.

During the on-site review, the auditor observed the posting in all housing areas and throughout the facility in inmate-accessible areas. The notice was posted on an orange/yellow paper and notice was posted in multiple locations in each building and near areas where inmates frequent such as inmate telephones and restrooms. At each posting site there were both English and Spanish versions available as those were the two prominent languages spoken at SVSP. The notice was also observed to be posted in areas only accessible to staff, providing them with the opportunity to contact the auditor. Also, during the on-site review, the audit observed the notice was being shown on the inmate television

channel. Prior to the onsite review, the auditor received four letters from inmates at the facility. (All four of these inmates were interviewed during the onsite review.)

On May 11th, the auditor received a compact disc containing the pre-audit questionnaire (PAQ).

However, the supporting documentation was not included with the disc and some sections of the PAQ were not complete. A request was sent on May 14th to Capt. Stark for the excluded documentation and completion of the PAQ. The documentation, including relevant policies and manuals of the CDCR and SVSP and CDCR's 2015 and 2016 Annual PREA Reports, was received on a second CD on May 16th. Capt. Stark noted during the on-site portion of the audit that the 2017 Annual PREA Report was awaiting review and signing by the Director of Adult Institutions for the CDCR. The auditor received a copy of the 2017 Annual PREA Report for the CDCR on July 5, 2018.

The auditor reviewed the PAQ, originally dated 4/7/2018, and the supporting documentation.

Additionally, the PAQ and documentation were made available to the other members of the audit team for the review of their specific sections. Due to the initial questionnaire being incomplete, a revised PAQ was dated 6/1/2018; the date the complete information was received from SVSP. Prior to the on-site review, the auditor exchanged email communication and a phone call with AW Sullivan to clarify certain details, answer questions, complete security clearance forms, and discuss the agenda for the audit to include the on-site review of the facility. The auditor advised AW Sullivan that complete inmate and staff rosters would be requested during the onsite review (depending upon when interviews were started) as to provide the most up-to-date and accurate selection of these groups. Additionally, the auditor requested that personnel files, training records, investigative records, and inmate records be accessible throughout the onsite review by each member of the audit team upon request. AW Sullivan stated he was aware of those needs and, during the onsite review, each auditor was able to access these documents/records.

Prior to the on-site review, each auditor reviewed documents in accordance with the standard sections assigned above. Among those documents that were supplied by SVSP, the audits found:

- Department Operations Manual sections (the prevailing policies of the California Department of Corrections and Rehabilitation)
- Human Resource files information (staff background check records, pre-hiring documentation)
- Staff Development training certificates, protocols, curriculums, and staff sign-in sheets
- Copies of sexual abuse/harassment information provided to inmates
- Copies of documents related to criminal investigations, forensic medical exams, and investigations.

This was the first PREA audit conducted at Salinas Valley State Prison.

On-site Review

The audit team was invited to attend the Warden's morning meeting at 0800 on June 11th. This meeting included the administrative staff of SVSP. Prior to the conclusion of the meeting, the auditor introduced the audit team and covered the purpose of their visit to SVSP. Each team member gave a brief history of their correctional/auditing background and described their role in the audit. The auditor informed the Warden that the focus of the audit was to assist SVSP in gaining full compliance with PREA standards so that the facility was in the best posture possible to address sexual abuse and harassment.

The auditor requested unimpeded access to all areas of the facility during the onsite review to include access to any area where inmates had access to. Additionally, the escorting staff (who were presents during the Warden's meeting) were informed that as we viewed various parts of the facility we may ask for things that may seem out of the ordinary such as for doors to be unlocked, demonstrations of how processes work, and the ability to take pictures with phones (granted by the Warden). The escorting staff were also advised that the audit team members would be randomly pulling staff and inmates aside for impromptu interviews. The SVSP staff were accepting of our requests and welcomed the audit team to the facility.

After the meeting, the audit team broke into two groups (Lawson/Steimel and Mora/Knowles) and a tour of all areas of the facility was started. The PCM, PCC, Investigative Services Unit Lieutenant, and a Physical Plant representative provided escorts. During the physical plant review, the audit team observed the facility configuration, locations of cameras and security mirrors, staff supervision of inmates, the housing unit layout including shower/toilet areas, placement of posters and other PREA informational resources, security monitoring, inmate intake, and search procedures. Salinas Valley State Prison was constructed 20 years prior, well before the implementation of PREA standards. However, there were few blind spots due to architectural design of each building. There was a noticeable absence of video surveillance. There were remodeling efforts occurring in each yard. These areas were in the medical/clinic area of each yard, not in the housing units. The inmate population of SVSP was 3249 on the first day of the onsite review (1007 over the designed capacity stated in the PAQ.)

On the second day of the audit, the audit teams continued touring the facility. Each group had an opportunity to see both "180" and "270" (in reference to the degree of sweep of the design) units as well as their adjoining recreation yards. Programming, education, and vocational areas were visited. The auditor was also toured through the Psychiatric Inpatient Program, areas that housed the Mobility Impaired Disability Placement Program, Enhanced Outpatient Program, and Developmentally Disabled Program.

SVSP employs 1920 total staff. The custody staff include the ranks of Captain, Lieutenant, Sergeant and Officer. Custody staff are assigned to three, eight-hour shifts to cover the 24-hour period. A total of 17 random staff interviews were conducted including both custody staff (15) and non-custody staff (2). The custody staff were comprised of various ranks, genders, ethnicities, and were from all three shifts. The auditor selected names for random staff interviews by using a roster provided by the facility on the second day of the on-site review.

Twenty two (22) specialized staff interviews were conducted:

- Agency Contract Administrator (also Agency Head)
- Intermediate/Higher level facility staff (custody rank of Sgt. and above)
- Medical and mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff
- Volunteers and contractors who have contact with inmates
- Investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff
- Agency head or designee
- Warden or designee
- PREA Coordinator
- PREA Compliance Manager

All interviews were conducted one at a time, in a private and confidential manner. Of the 12 contract staff onsite, one (behavioral health) was interviewed. Additionally, one volunteer (religious services) was interviewed during the onsite review as the vast majority of the 200 listed had irregular hours or weekend schedules. In addition, an unspecified number of informal, impromptu interviews of staff were conducted during the onsite review.

All reasonable efforts were made to conduct the required number of targeted inmate interviews; however, only sixteen targeted inmates were available. Salinas Valley State Prison did not have any inmates identified as youthful or placed in segregation because they were at high risk of being sexually victimized. This information was provided in the PAQ and was supported by statements from both the PCM and the Chief Deputy Warden.

The breakdown of targeted inmates is: (2) physical disability, (1) blind, (1) LEP, (1) cognitive disability, (5) transgender inmates, (6) reported sexual abuse. In light of the fact that the target inmate interviews were reduced, an effort was made to select more random inmates for interviews in order to get a more representative selection for the institution. Another 32 inmates were randomly selected for interviews by utilizing rosters provided by SVSP on the second and third days of the onsite review. Interviews were conducted with at least one inmate from each housing unit. Some of the inmates were somewhat reluctant (namely the Hispanic inmates), while others were very open and cordial. The audit team had been forewarned that this may be an issue due to the strong Security Threat Group (STG, aka "gang") culture present in the facility. This auditor selected names for random inmate interviews by using a roster provided by the facility on the second day of the on-site review. The selections were made completely randomly by simply picking between 10-12 inmates from each housing unit. This provided for a cross-section of inmates from each housing unit while maintaining randomness to avoid selecting from specific groups of inmates. In reviewing the selections, the auditor found that all races and various ages were represented.

Post On-Site Review

Following the on-site review, each team member compiled their notes and sent them to the lead auditor. Additionally, contact was maintained with AW Sullivan and PCC Capt. Stark for clarification and questions.

The auditor contacted Just Detention International (JDI) to request any information they could provide about contacts with SVSP. Matthew Van Winkle, a Program Officer with JDI, responded that they have received 15 letters from inmates housed at Salinas Valley State Prison in the prior 12 months. Two (2) of those inmates identify as transgender inmates and reported sexual abuse and "being targeted" because of their gender identity. The other letter, Mr. Van Winkle reports, are split between reports of abuse by staff and reports of abuse by fellow inmates. The abuses appear to focus on the manner in which staff conduct pat-searches of inmates. Other letter writers reported a lifetime of sexual abuse, from childhood on. These inmates were referred to the Monterey County Rape Crisis Center (MCRCC) for advocacy services.

Auditor Steimel was able to contact the MCRCC and interviewed Lauren DaSilva in reference to advocacy services. The following is from Auditor Steimel's interview notes:

She (Lauren DaSilva) stated that they are notified through the SART and have an on-call line that is answered 24/7. They have a very good rapport working with SVSP and Sgt. Vinson has been extremely beneficial to this process. Having the MOU has really improved the process as it outlines what the roles and responsibilities of both parties should be.

The staff advocate will meet the incarcerated survivor at the ER and sit with them during the initial exam. The incarcerated survivors are available for follow up services if they call the main office line Monday-Friday from 9:00 a.m. – 5:00 p.m. They are also available to them via the mail system.

Advocacy services could be offered to the perpetrators as well during the forensic exam just to determine what happened.

As the lead auditor, Doug Lawson, is on initial probationary status in regard to auditor certification, the initial draft of this report was sent to the Department of Justice PREA Resource Center through the Training and Resource Portal. Ms. Monica DeGiandomenico was assigned to assist as auditor Lawson's Peer Reviewer.

Facility Characteristics

Salinas Valley State Prison is a multi-security level (Level I (least risk), III, and IV (highest risk)) correctional facility located at 31625 Highway 101, Soledad, CA. 93960. It was designed to house 2242 inmates but has an average daily population of 3440 in the 12 months preceding the completion of the Pre-audit Questionnaire.

The information below is provided by the CDRC website:

Salinas Valley State Prison (SVSP) falls under the Division of Adult Institutions within the California Department of Corrections and Rehabilitation (CDCR). As stated prior, the mission of Salinas Valley State Prison (SVSP) is to provide long-term housing and services for minimum and maximum custody male inmates. In doing so SVSP offers educational, religious and self-help programming in the ongoing effort to help alleviate adverse behavior and reduce recidivism within the prison system. SVSP employees take pride in their continual efforts to ensure the delivery of services to the inmate population and in their primary mission of ensuring public safety and trust.

Productivity and self-improvement opportunities are provided for inmates through academic classes, work programs, religious and self-help groups. SVSP is continually moving forward to increase the quantity and quality of programming afforded to the inmate population in an ongoing effort to help reduce recidivism. SVSP was constructed to meet the access requirements of the Americans with Disabilities Act (ADA). SVSP has been designated to house Level I, III, and IV inmates. The housing of these inmates is accomplished on a Minimum Support Facility (MSF), two 270 design facilities, two 180 design facilities and a 64-cell, standalone Administrative Segregation Unit (ASU). The facility did not provide documentation on demographics such as average age, race, religion, etc. SVSP has a Correctional Treatment Center (CTC) where inmates receive professionally supervised health care in an inpatient setting. SVSP provides Correctional Clinical Case Management System (CCCMS), Enhanced Outpatient Program (EOP) and Mental Health Crisis Bed (MHCB) for those inmates requiring mental health services. SVSP also houses inmates who meet the criteria of the CDCR Disability Placement Program (DPP) excluding DPV (Disability Placement-Vision), DPH (Disability Placement-Hearing) and DPS (Disability Placement-Speech).

This facility provides both outpatient and inpatient mental health services for patients with a serious mental disorder. The licensed Psychiatric Inpatient Program at this facility is designed to provide more intensive treatment for patients who cannot function adequately or stabilize in an outpatient program.

SVSP has 29 total building that make up the entire facility. Of those, 20 are housing units of various designs and sizes. The "facilities" are designated alphanumerically A, B, C, D and M facilities. A and B facilities have the 270-degree sweep buildings (10 total). C and D facilities have the eight (8) 180-degree sweep housing units. M is the medical/behavioral health building that contains inmate housing. The Minimum Support Facility housing the lowest risk level offenders is outside the secure perimeter. The remainder of the buildings could be classified as support (maintenance), administration, program, and medical/behavioral health. Containment is achieved through the use of a double perimeter fence

with an electrified fence separating those fences. As the name denotes, the facility sits in the largely agricultural Salinas Valley in Monterey County, Ca.

The facility did not provide documentation on demographics such as average age, race, religion, etc.

Summary of Audit Findings

Number of Standards Exceeded: 1

115.17 Hiring and Promotion Decisions

SVSP meets all provisions of this standard in regard to Hiring and Promotion Decisions. Documents such as employment applications, pre-employment forms, and background checks were provided by SVSP as part of their PAQ and were examined during the on-site review. Also, staff interviews of the Director, Warden, PCM, and Human Resources staff were completed with regard to this standard. SVSP, and all of the CDCR, utilizes the Live Scan system to conduct background checks. Unlike traditional background checks that must be initiated by the institution (as required by standard, at least every 5 years), the facility is the recipient of the information. The system automatically sends the facility information related to law enforcement contacts of an employee. This information is sent immediately upon the initiating law enforcement agencies input of the data (usually upon arrest). Therefore, not only does SVSP receive information that would be provided in a typical background check without significant delay, they get the information for EACH contact entered. In contrast, a facility initiated National Crime Information Center request done every five years could contain multiple events ranging anywhere from as recent as yesterday to 5-years old. The use of Live Scan allows SVSP to better detect any criminal behavior, including offenses of a sexual nature, of staff or contractors in virtually real-time to prevent those persons from having contact with the inmate population.

Number of Standards Met: 41

115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

115.12 Contracting with Other Entities for the Confinement of Inmates

115.13 Supervision and Monitoring

115.14 Youthful Inmates

115.15 Limits to Cross-Gender Viewing and Searches

115.16 Inmates with Disabilities and Inmates who are Limited English Proficient

115.18 Upgrades to Facilities and Technologies

115.21 Evidence Protocol and Forensic Medical Examinations

115.22 Policies to Ensure Referrals of Allegations for Investigations

115.31 Employee Training

115.32 Volunteer and Contractor Training

115.33 Inmate Education

115.34 Specialized Training: Investigations

115.35 Specialized Training: Medical and Mental Health Care

115.41 Screening for Risk of Victimization and Abusiveness

115.42 Use of Screening Information

115.43 Protective Custody

115.51 Inmate Reporting

115.52 Exhaustion of Administrative Remedies

115.53 Inmate Access to Outside Confidential Support Services

115.54 Third-Party Reporting

115.61 Staff and Agency Reporting Duties
 115.62 Agency Protection Duties
 115.63 Reporting to Other Confinement Facilities
 115.64 Staff First Responder Duties
 115.65 Coordinated Response
 115.66 Preservation of Ability to Protect Inmates from Contact with Abusers
 115.67 Agency Protection against Retaliation
 115.68 Post-allegation Protective Custody
 115.71 Criminal and Administrative Agency Investigations
 115.72 Evidentiary Standards for Administrative Investigations
 115.73 Reporting to Inmates
 115.76 Disciplinary Sanction for Staff
 115.77 Corrective Action for Contractors and Volunteers
 115.78 Disciplinary Sanctions for Inmates
 115.81 Medical and Mental Health Screenings; History of Sexual Abuse
 115.82 Access to Emergency Medical and Mental Health Services
 115.83 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers
 115.87 Data Collection
 115.88 Data Review for Corrective Action
 115.89 Data Storage, Publication, and Destruction

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Following submission of this initial report, SVSP along with the CDRC will work cooperatively with the audit team to develop and implement a corrective action plan (CAP). This CAP will address the cross-gender viewing areas identified in standard 115.15 and the Medical/Mental Health Care specialized training identified in standard 115.35. The CAP will provide for 100% compliance on each of these standards, thus leading to 100% compliance for each standard and the audit in whole. Evidence of implementation of the correction action listed in the CAP will be generated from continuous dialogue between all parties involved. The expectation will be that, following development and implementation of the CAP, Salinas Valley State Prison will be in 100% compliance of all applicable PREA standards. Specific areas of the facility that are non-compliant with standard 115.15:

- Toilets in newly remodeled medical holding cells on each “yard.” It is recommended that the existing solid partition (cinder block) be extended, a modesty screen be placed in the cell, or a semi-transparent material be placed on the cell bars to allow inmates using the toilet to not be viewed by females passing through the adjacent corridor. If the facility has a different option available to gain compliance, the auditor requests this be discussed prior to implementation. Once the facility believes that they have achieved compliance in this area, the auditor requests a digital photograph be sent of each of the areas. This shall be accomplished within 180 days of receipt of the interim report.
 - Corrective action was accomplished in this area in order to meet the standard. SVSP chose to place “modesty screens” in the newly remodeled holding cells in order to prevent cross-gender viewing. This solution was mutually agreed upon by the PCM and the auditor. Photographs supplied via email from the PCM verified that the screens were in place.
- Toilets/urinals in the outside, General Population, recreation yards. The toilets/urinals are mounted against a flat wall at one end of the yard. The toilets have a partial wall near one side

that was constructed in order to provide a mounting surface for a handrail for ADA compliance. (This information was provided by AW Sullivan who is also the ADA compliance Associate Warden.) It is recommended that the facility utilize a similar structure throughout the remainder of the toilet/urinal area to obstruct cross-gender viewing while maintaining a security posture. A cinderblock wall/partial wall (or other material) of sufficient height and width to provide privacy to those using the toilet/urinal should be built for each of these areas. If the facility has a different option available to gain compliance, the auditor requests this be discussed prior to implementation. Once the facility believes that they have achieved compliance in this area, the auditor requests a digital photograph be sent of each of the areas. . This shall be accomplished within 120 days of receipt of the interim report.

- In order to reduce cost for additional construction, the facility chose to remove the toilets that were in the outside yard areas. Partitions were installed on the sides of the urinals in order to prevent view of the inmate's genitals while they are utilizing the urinals. Digital photographs were received from the PCM to verify these corrections.
- Toilets in outside recreation "runs" for Restrictive Housing (Administrative Segregation) inmates. These toilets are present in the recreation pens outside of the segregation unit. Although attempts have been made to block the viewing from passerby on the adjacent access road, a large portion of that material is torn or missing. Additionally, there are no barriers in place to prevent female staff working in the living unit and then walking outside from viewing inmates using the toilet. Also, cameras are utilized in this area for security purposes. The monitors for those cameras may be seen by female staff working in the control center of that building. Some of the camera views are obstructed due to their placement and the placement of the toilet within the pen. However, some have a direct view of the toilet.
 - It is recommended that, if possible, the toilets be removed from those recreation pens.
 - If not possible to remove, the toilets could be disconnected and no longer utilized.
 - If left as functioning units, the facility should devise a method to obstruct the viewing of inmates using those toilets from female staff, working the floor or the control center, while maintaining a secure posture.
 - If the facility has a different option available to gain compliance, the auditor requests this be discussed prior to implementation. Once the facility believes that they have achieved compliance in this area, the auditor requests a digital photograph be sent of each of the areas.

Once the facility believes that they have achieved compliance in this area, the auditor requests a digital photograph be sent of each of the areas.

- In reference to the toilets in the outside recreation pens for the Administrative Segregation Unit, SVSP chose to wrap a semi-transparent green mesh around the pens. This method obstructs cross-gender viewing of the toilet area. As noted, some of this material was previously in place but was torn and/or missing in spots. Digital photographs verify that new material was installed in all affected areas of the outside recreation. This corrective action serves to meet compliance with the relevant standard. SVSP must maintain the material in its present state for it to remain compliant.
- Showers in the upper tiers of the 270 units. Although some curtain material was placed at the entry to the shower, inmates using those showers were in plain view of others who were walking on the main level and looked up. It is recommended that showers in these areas utilize a modesty screen of sufficient height and width to prevent viewing from those walking on the lower level. Another option may be to extend shower curtains closer to the floor. Security aspects should be considered while still allowing the inmates using the showers some level of privacy. If the facility has a different option available to gain compliance, the auditor requests

this be discussed prior to implementation. Once the facility believes that they have achieved compliance in this area, the auditor requests a digital photograph be sent of each of the areas.

- Amended on 12-3-2018: Further review and consultation with another PREA auditor leads this auditor to rescind the prior assessment of corrective action for this area. As the viewing of the showers from the lower level is avoidable and, if it occurs, incidental to routine security measures by staff, there is no need for changes to the shower areas of the 270 units.
- The shower area at the minimum custody facility. Although there were partial walls that blocked viewing of the lower half of inmates as they showered, there was nothing that obstructed the viewing of the breast area of inmates. Interviews with transgender inmates in that facility found that these inmates felt uncomfortable showering with male staff and male inmates viewing them from waist up. A recommendation is that on top of the existing wall, a partition of expanded metal or semi-opaque plastic be mounted on top of the wall with sufficient height and width to obstruct casual viewing of the waist to shoulder area of inmates as they shower. If the facility has a different option available to gain compliance, the auditor requests this be discussed prior to implementation. Once the facility believes that they have achieved compliance in this area, the auditor requests a digital photograph be sent of each of the areas.
 - Initial attempts at corrective action in this area were attempted with modesty screen being utilized. Digital photographs were reviewed by the auditor and showed that the screens were not effective in preventing cross-gender viewing of the shower areas. After consultation between the PCM and the auditor another solution was reached. SVSP installed metal, partial walls on the top of the existing half-walls. This increased the height of the wall enough to obstruct cross-gender viewing. Additionally, it addressed the concerns of the transgender inmates in that facility by obstructing the view of the breast area as inmates used the showers. However, as it is not extended to the ceiling and there is a small gap between the cinderblock wall and the metal, it does not totally obstruct viewing of a security nature into the shower area. The installed partial walls satisfy the corrective action plan as evidenced in the digital photographs supplied by the PCM.
- Specialized Training: Medical and Mental Health Care. As noted prior to the on-site portion of the audit, the PAQ states that 95% of the SVSP medical/mental health care staff have received the specialized training detailed in this standard. 100% of the medical/mental health care staff must receive the specialized training within the 180 day corrective action period in order to gain compliance with the standard. Training rosters can be utilized to verify this training is completed.
 - During the corrective action period, PCM Sullivan supplied a training roster to verify that 100% of the medical/mental health staff at SVSP have received

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual

abuse and sexual harassment? ☒ Yes ☐ No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) DOM(DOM), Chapter 5, Article 44, section 54040.1 (*Policy*) states on page 471, "The California Department of Corrections and Rehabilitation (CDCR) is committed to providing a safe, humane, secure environment, free from offender on offender sexual violence, staff sexual misconduct, and sexual harassment. This will be accomplished by maintaining a program to address education/prevention, detection, response, investigation, and tracking of these behaviors and to address successful community re-entry of the offender. CDCR shall maintain a zero tolerance for sexual violence, staff sexual misconduct and sexual harassment in its institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction. All sexual violence, staff sexual misconduct, and sexual harassment is strictly prohibited. This policy applies to all offenders and persons employed by the CDCR, including volunteers and independent contractors assigned to an institution, community correctional facility, conservation camp, or parole." This policy outlines the agency's comprehensive

approach to preventing, detecting and responding to sexual abuse and sexual harassment, including definitions of prohibited behaviors and consequences for those found to have participated in prohibited behaviors. The Orientation Handout, provided to each inmate upon arrival at SVSP, contains a 3-page PREA information brochure. The zero-tolerance policy is listed in the brochure and is observable throughout the facility, as evidenced by inmate informational postings. Interviews with staff indicate they have some knowledge of the zero-tolerance policy. Additionally, inmates were quick to state that “zero-tolerance” was included in their orientation to the facility. However, the auditor recommends a best practice be initiated that SVSP ensures that each inmate acknowledges understanding of the PREA information given them by signing a paper attesting to their knowledge of the subject.

- (b) The agency has designated Captain Shannon Sharp as the PREA Compliance Coordinator (PCC). Captain Sharp is in an upper-management position and reports directly to Kathleen Allison, Director of Adult Institutions for the CDCR as confirmed by her position description and the agency’s organizational chart. Captain Sharp’s Duty Statement shows that 95% of her duties relate directly to PREA. 36 PCMs report directly to her (35 facilities, 1 for Contracted Bed oversight). Her interview indicated that Captain Stark has sufficient time, resources, and authority to complete the duties outlined in her Duty Statement. It appears from reviewing prior PREA audit reports for the State of California, Department of Corrections and Rehabilitation, that improvements to the sexual safety of inmates has improved during Captain Stark’s tenure.
- (c) Associate Warden Paul Sullivan has been designated as the PREA Compliance Manager for SVSP. His Duty Statement shows that he is a Correctional Administrator with the working title of ADA Coordinator (Associate Warden). The summary states that this position is “assigned to work exclusively on ADA duties.” When interviewed, AW Sullivan explained that he had previously been assigned as the Associate Warden for Central Services. That position was assigned as the PCM. A recent management staff realignment was made that moved AW Sullivan to the ADA position. However, at his request, the PCM duties followed him so that he could best prepare the facility for this audit. He produced a memo from Chief Deputy Warden T. Foss that confirmed his statements. The PCM duties will revert to the AW for Central Services at the completion of this audit. AW Sullivan remarked that, “It’s tough.” but he has sufficient time to complete his duties in regard to PREA.

Standard 115.12: Contracting with other entities for the confinement of inmates

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity’s obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement

of inmates OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) SVSP supplied information on the nine contracts CDCR has for confinement with other entities: two Corrections Corporation of America (CCA) facilities out of state (La Palma Correctional Center and Tallahatchie County Correctional Facility); four CCA facilities in state (Central Valley, McFarland, Desert View and Golden State); and three GEO facilities ran by city agencies in state (Shafter, Taft and Delano). These contracts include language that states, "CDCR is committed to providing a safe, humane, secure environment, free from sexual misconduct. This will be accomplished by maintaining a program to ensure education/prevention, detection, response, investigation and tracking of sexual misconduct and to address successful community re-entry of the victim. CDCR shall maintain a zero tolerance for sexual misconduct in its institutions, community correctional facilities, conservation camps and for all offenders under its jurisdiction. All sexual misconduct is strictly prohibited.

As a Contractor with CDCR, you and your staff are expected to ensure compliance with this policy as described in Department Operations Manual, Chapter 5, Article 44."

Additionally, SVSP supplied a document (Exhibit M) that is the CDCR's Prison Rape Elimination Policy-Volunteer/Contractor Informational Sheet.

It contains the following information:

The Prison Rape Elimination Policy for the California Department of Corrections and Rehabilitation (CDCR) is explained on this informational sheet. As a volunteer or private contractor who has contact with CDCR offenders, it is your responsibility to do what you can, within the parameters of your current assignment, to reduce incidents of sexual violence, staff sexual misconduct, and sexual harassment and to report information appropriately when they are reported to you or when you observe such an incident.

Historical Information

Both the Congress and State Legislature passed laws, the Federal Prison Rape Elimination Act (PREA) of 2003, the Sexual Abuse in Detention Elimination Act, Chapter 303, Statutes of 2005, and most recently the United States, Department of Justice Final Rule; National Standards of 2012 to help prevent, detect and respond to sexual violence, staff sexual misconduct and sexual harassment behind bars.

The CDCR policy is found in DOM, Chapter 5, Article 44.

PREA addresses five types of sexual offenses. Sexual violence committed by offenders will encompass: Abusive Sexual Contact, Nonconsensual Sex Acts, or Sexual Harassment by an Offender (towards an offender). The two remaining types of sexual offenses covered by PREA

are Staff Sexual Misconduct and Staff Sexual Harassment (towards an offender).

CDCR's policy provides for the following:

- CDCR is committed to continuing to provide a safe, humane, secure environment, free from offender on offender sexual violence, staff sexual misconduct, and sexual harassment.
- CDCR maintains zero tolerance for sexual violence, staff sexual misconduct, and sexual harassment in its institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction.
- All sexual violence, staff sexual misconduct, and sexual harassment is strictly prohibited.
- This policy applies to all offenders and persons employed by the CDCR, including volunteers and independent contractors assigned to an institution, community correctional facility, conservation camp, or parole.

Retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct, or sexual harassment as well as retaliatory measures taken against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution.

Retaliatory measures include, but are not limited to:

- Coercion.
- Threats of punishment.
- Any other activities intended to discourage or prevent staff or offenders from reporting incident(s).

Professional Behavior

Staff, including volunteers and private contractors are expected to act in a professional manner while on the grounds of a CDCR institution and while interacting with other staff and offenders.

Key elements of professional behavior include:

- Treating everyone, staff and offenders alike, with respect
- Speaking without judging, blaming, or being demeaning
- Listening to others with an objective ear and trying to understand their point of view
- Avoiding gossip, name calling, and what may be perceived as offensive or "off-color" humor
- Taking responsibility for your own behavior

Preventative Measures

You can help reduce sexual violence, staff sexual misconduct, and sexual harassment by taking various actions during the performance of your duties as a volunteer or private contractor.

The following are ways in which you can help:

- Know and enforce the rules regarding the sexual conduct of offenders.
- Be professional at all times.
- Make it clear that sexual activity is not acceptable.
- Treat any suggestion or allegation of sexual violence, staff sexual misconduct, and sexual harassment as serious.
- Follow appropriate reporting procedures and assure that the alleged victim is separated from the alleged predator.
- Never advise an offender to use force to repel sexual advances.

Detection

All staff, including volunteers and private contractors, is responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct, or sexual harassment.

After immediately reporting to the appropriate supervisor, you are required to document the information you reported. You will be instructed by the supervisor regarding the appropriate form to be used for documentation.

You will take necessary action (i.e., give direction or press your alarm) to prevent further harm to the victim.

- (b) SVSP supplied Exhibit D, Special Terms and Conditions, that is part of their contractor's agreement. Within the document, it states:

"All Contractors and their employees are expected to ensure compliance with this policy as described in Department Operations Manual, Chapter 5, Article 44.

If you are providing services for the confinement of our inmates, you and your staff are required to adopt and comply with the PREA standards, 28 Code of Federal Regulations (CFR) Part 115 and with CDCR's Department Operations Manual, Chapter 5, Article 44, including updates to this policy. This will include CDCR staff and outside audit personnel (who also conduct PREA audits of state prisons) conducting audits to ensure compliance with the standards.

As a Contractor with CDCR, you shall not assign an employee to a CDCR facility or assign an employee to duties if that employee will have contact with CDCR inmates, if that employee has 1) engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 2) been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3) has been civilly or administratively adjudicated to have engaged in the activity described in this section.

The Contractor shall conduct a criminal background records check for each contract employee who will have contact with CDCR inmates and retain the results for audit purposes. By signing this contract the Contractor agrees to ensure that all of the mandates of this Section 5: Prison Rape Elimination Policy are complied with. Material omissions, by the contract employee, regarding such misconduct or the provision of materially false information, shall be grounds for removal from institutional grounds.

Contract employees, who have contact with inmates, shall be provided training via the Exhibit titled; "PRISON RAPE ELIMINATION POLICY, Volunteer/Contractor Informational Sheet" to learn their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. A copy of this signed informational sheet will be provided to the institution before a contract employee may have contact with inmates.

Any contract employee who appears to have engaged in sexual misconduct of an inmate shall be prohibited from contact with inmates and shall be subject to administrative and/or criminal investigation. Referral shall be made to the District Attorney unless the activity was clearly not criminal. Reportable information shall be sent to relevant licensing bodies."

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for

adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☐ Yes ☒ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) The SVSP documentation for this standard included a form "Staffing Plan Analysis" that is used to develop their staffing plan. The plan takes into consideration the following:

- 1) Generally accepted detention and correctional practices;
- 2) Any judicial findings of inadequacy;
- 3) Any findings of inadequacy from Federal investigative agencies;
- 4) Any findings of inadequacy from internal or external oversight bodies;
- 5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);
- 6) The composition of the inmate population;
- 7) The number and placement of supervisory staff;
- 8) Institution programs occurring on a particular shift;
- 9) Any applicable State or local laws, regulations, or standards;
- 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- 11) Any other relevant factors.

Chief Deputy Warden Tammy Foss and AW Sullivan indicated in their interviews that each of those areas is analyzed in the Staffing Plan meeting to determine the proper staffing levels and placement of assigned staff in all areas of the facility. Input is sought by various departments, including legal staff, custody staff, and programming staff (such as education personnel) when discussing each of the eleven factors listed above. The staffing levels are predicated on an average daily population as reported in the PAQ of 3440. AW Sullivan confirmed that the staffing plan is not based on the "designed facility capacity" of 2242 listed in the PAQ, but rather the current "average daily population."

The staffing plan review indicated there was not a need to change staffing levels in order to deter future incidents. While onsite, the audit team observed a sufficient number of custody and support staff in all areas of the facility.

(b) Salinas Valley State Prison has a process in place to fill vacant posts, modify programming as necessary, and a reporting mechanism should all posts not be filled. Through these measures, the institution management team ensures that a sufficient number of staff are present for each shift. Chief Deputy Warden Tammy Foss indicated in her interview that SVSP has not deviated from the staffing plan during the audit period. When asked where she would find the documentation if a deviate were to occur, CDW Foss stated that the Watch Commander's log would contain that information. In addition, because it would be an unusual circumstance, the Watch Commander would be required to submit an incident report. These documents would be routed to the Warden for review. That assessment was also confirmed in the interview with Associate Warden Sullivan, PCM. Vacant Officer positions are filled from the Academy based on facility need, according to SVSP Staff Services Manager Rachelle Nunez.

(c) DOM 54040.17.1 (*Annual Review of Staffing Plan*) states, "Whenever necessary, but no less frequently than once each year, in consultation with the PREA Coordinator, the institutional PCM and the Program Support Unit shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources assigned to ensure adherence to the staffing plan." Documentation of the most recent staffing plan (April 2018) was included with the PAQ. Chief Deputy Warden Foss indicated that the CDCR is requesting Legislative approval for funding to provide more video monitoring systems throughout the Department to include SVSP. She stated that the purpose of this initiative was to increase the overall security status of each facility, in particular to ensure staff and inmate safety. She added that increasing video monitoring would assist in deterring sexual abuse incidents and help in the investigation of any misconduct, including sexual abuse/harassment cases. Her experience at another facility where the video monitoring had been piloted indicated to her that the aforementioned

goals were being met. Captain Stark reviews the SVSP staffing plan once completed to ensure all components are covered. She also mentioned that the Department is actively pursuing increasing its use of video monitoring throughout the system.

(d) DOM 54040.4 (*Education and Prevention*) states on page 473, “A custody supervisor assigned to each facility or unit shall conduct weekly unscheduled security checks to identify and deter sexual violence, staff sexual misconduct, and sexual harassment of any kind. These security checks shall be documented in the Unit Log Book in red pen. The Unit Log Book shall indicate the date, time, and the location that the security check was completed.” While onsite, custody staff Sergeants were interviewed, and verified they conduct unannounced rounds on all shifts, in order to detect and deter any staff misconduct, including staff sexual abuse and sexual harassment. Those interviewed stated that they found it difficult to make unannounced rounds as the control center officer are aware of the rounds as they have to unlock the door for entry. However, they also stated they would “sneak” onto the pods by using their assigned keys to manually unlock doors or call the control center prior to a round and instruct them not to announce their presence. The Unit Log Books were reviewed by this auditor in multiple areas of the facility to ensure these rounds are conducted and documented on all shifts over time. The auditor noted rounds documented in red ink on all shifts at various times of day. Recently updated Notice of Change to the DOM, Chapter 5, Article 44, includes the language, “Staff is prohibited from alerting other staff members that these security rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.”

Standard 115.14: Youthful inmates

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a-c) Salina Valley State Prison does not house Youthful Inmates. This was verified through interviews with the Director, Chief Deputy Warden, and PCM. In addition, the roster listed no offenders under the age of 18 in the "age" column.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? ☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? ☒ Yes ☐ No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☐ Yes ☒ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

- (a) DOM 52050.16.5 states, *“Correctional personnel, other than qualified medical staff, shall not conduct unclothed body inspections or searches of an inmate of the opposite gender, except in an emergency.”* Also, *“Routine unclothed body searches shall be conducted in a safe manner and in an area that allows the inmate to preserve some measure of dignity and self-respect. Routine unclothed body searches shall not be completed by staff of the opposite biological sex.”* Agency policy prohibits cross-gender body searches except in exigent circumstances. Staff and inmate interviews indicate that this policy is adhered to and there was no evidence available otherwise to the contrary. During the on-site review, the auditors did not witness cross-gender searches.
- (b) SVSP does not house female inmates.
- (c) DOM 54040.5 (*Searches*) states, *“Institutions shall document all cross-gender strip searches and cross-gender visual body cavity searches in accordance with DOM Section 52050.16.5...”* SVSP reports no cases of cross-gender searches within the prior 12 months. Interviews with staff, to include the PCM and custody staff supported this finding. Additionally, inmate interviews did not indicate that cross-gender searches ever occurred.
- (d) DOM 54040.4 (*Preventative Measures*) says, *“Each institution shall enable offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite biological sex viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Except where there would be an impact to safety and security, modesty screens shall be placed strategically in areas that prevent incidental viewing.”*

In order to minimize cross gender exposure, staff of the opposite biological sex shall announce their presence when entering the housing unit. This announcement is required at the beginning of each shift and/or when the status quo within the housing unit changes.”

During the tour of the facility, the auditors noticed many areas where cross-gender viewing could occur while inmates are showering or performing bodily functions. Modesty screens were in place in most areas. However, some areas did not have modesty screens or were in need of additional screening to obstruct viewing. Toilets of holding cells in newly constructed medical areas of each yard, exposed toilets/urinals in recreation yards, exposed toilets in outside recreation “runs” for Restrictive Housing inmates, some upper tier showers, and showers in the minimum unit allowed for cross-gender viewing at a more than incidental level. Additionally, modesty screens and walls around showers do not obstruct the view of the breast area of transgender female inmates.

Specific areas of the facility that are non-compliant with standard 115.15:

- Toilets in newly remodeled medical holding cells on each “yard.” It is recommended that the existing solid partition (cinder block) be extended, a modesty screen be placed in the cell, or a semi-transparent material be placed on the cell bars to allow inmates using the toilet to not be viewed by females passing through the adjacent corridor. If the facility has a different option available to gain compliance, the auditor requests this be discussed prior to implementation. Once the facility believes that they have achieved compliance in this area, the auditor requests a digital photograph be sent of each of the areas. This shall be completed within 180 days of receipt of this interim report.
- Toilets/urinals in the outside, General Population, recreation yards. The toilets/urinals are mounted against a flat wall at one end of the yard. The toilets have a partial wall near one side

that was constructed in order to provide a mounting surface for a handrail for ADA compliance. (This information was provided by AW Sullivan who is also the ADA compliance Associate Warden.) It is recommended that the facility utilize a similar structure throughout the remainder of the toilet/urinal area to obstruct cross-gender viewing while maintaining a security posture. A cinderblock wall/partial wall (or other material) of sufficient height and width to provide privacy to those using the toilet/urinal should be built for each of these areas. If the facility has a different option available to gain compliance, the auditor requests this be discussed prior to implementation. Once the facility believes that they have achieved compliance in this area, the auditor requests a digital photograph be sent of each of the areas. This shall be completed within 120 days of receipt of this interim report.

- Toilets in outside recreation “runs” for Restrictive Housing (Administrative Segregation) inmates. These toilets are present in the recreation pens outside of the segregation unit. Although attempts have been made to block the viewing from passerby on the adjacent access road, a large portion of that material is torn or missing. Additionally, there are no barriers in place to prevent female staff working in the living unit and then walking outside from viewing inmates using the toilet. Also, cameras are utilized in this area for security purposes. The monitors for those cameras may be seen by female staff working in the control center of that building. Some of the camera views are obstructed due to their placement and the placement of the toilet within the pen. However, some have a direct view of the toilet.
 - It is recommended that, if possible, the toilets be removed from those recreation pens.
 - If not possible to remove, the toilets could be disconnected and no longer utilized.
 - If left as functioning units, the facility should devise a method to obstruct the viewing of inmates using those toilets from female staff, working the floor or the control center, while maintaining a secure posture.
 - If the facility has a different option available to gain compliance, the auditor requests this be discussed prior to implementation. Once the facility believes that they have achieved compliance in this area, the auditor requests a digital photograph be sent of each of the areas.

Once the facility believes that they have achieved compliance in this area, the auditor requests a digital photograph be sent of each of the areas. This shall be completed within 120 days of receipt of this interim report

- Showers in the upper tiers of the 270 units. Although some curtain material was placed at the entry to the shower, inmates using those showers were in plain view of others who were walking on the main level and looked up. It is recommended that showers in these areas utilize a modesty screen of sufficient height and width to prevent viewing from those walking on the lower level. Another option may be to extend shower curtains closer to the floor. Security aspects should be considered while still allowing the inmates using the showers some level of privacy. If the facility has a different option available to gain compliance, the auditor requests this be discussed prior to implementation. Once the facility believes that they have achieved compliance in this area, the auditor requests a digital photograph be sent of each of the areas. This shall be completed within 120 days of receipt of this interim report.
- The shower area at the minimum custody facility. Although there were partial walls that blocked viewing of the lower half of inmates as they showered, there was nothing that obstructed the viewing of the breast area of inmates. Interviews with transgender inmates in that facility found that these inmates felt uncomfortable showering with male staff and male inmates viewing them from waist up. This assessment was verified by Auditors Mora and Knowles during the on-site

review of that facility. A recommendation is that on top of the existing wall, a partition of expanded metal or semi-opaque plastic be mounted on top of the wall with sufficient height and width to obstruct casual viewing of the waist to shoulder area of inmates as they shower. If the facility has a different option available to gain compliance, the auditor requests this be discussed prior to implementation. Once the facility believes that they have achieved compliance in this area, the auditor requests a digital photograph be sent of each of the shower areas. This shall be completed within 120 days of receipt of this interim report.

Following a corrective action period, the Salinas Valley State Prison meet compliance for this standard. Details of the corrective action and its verification can be seen in the Summary of Corrective Action section above.

- (e) California Code of Regulations, Title 15, section 3287 (*Cell, Property and Body Inspections*) states that inmates are subject to an inspection of his or her person, either clothed or unclothed *“when there is a reasonable suspicion to believe the inmate may have unauthorized or dangerous items concealed on his or her person, or that he or she may have been involved in an altercation of any kind. Such inspections may also be a routine requirement for inmate movement into or out of high security risk areas.”* DOM section 52050.16.7 (*Unclothed and Clothed Body Searches of Transgender or Intersex Inmates*) states that inmates who are received into the facility and who self-identifies as transgender will be searched by a staff member of the same biological gender as the inmate. If necessary, the inmate’s biological gender as indicated on their inmate records would be used to determine who should conduct the search. Interviews with staff indicated they were aware of agency policy prohibiting searches for the sole purpose of determining an inmate’s genital status. SVSP is one of the 11 facilities identified by CDCR to house transgender or intersex inmates, according to AW Sullivan and PCC Stark. Those 11 facilities have been identified as offered a level of care best suited for the transgender population.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) SVSP provided the following information from a "Justification Memo" (an internally produced memorandum from the facility explaining a practice): October 6, 2017 regarding Standard 115.16(a)-1 Inmates with disabilities and inmates who are limited English proficient.

In order to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, CDCR provides reasonable modification or accommodation to inmates with physical or communicational disabilities pursuant to the Americans with Disabilities Act. Appropriate provisions are made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and persons with disabilities. Institutions may consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA and sexually transmitted diseases.

For example, in instances where an inmate's Test of Adult Basic Education (TABE) score is 4.0 or lower, employees are required to query the inmate to determine whether or not assistance is needed to achieve effective communication. The employee is required to document on appropriate CDCR forms his/her determination of whether the inmate appeared to understand, the basis for that determination and how it was made. For instances involving due process, employees give priority to the inmate's primary means of communication, which may include but is not limited to; auxiliary communication aids, sign language interpreter, and bilingual interpreter.

Applicable sections for review are as follows;

California Code of Regulations (CCR), Title 15, Section 3000

The auditor interviewed inmates who had either physical disabilities (blind) or intellectual deficiencies. All stated that they were able to access information pertaining to the PREA and the agency/facility policies on reporting sexual abuse/harassment. The inmates stated that inmates were assigned to assist them with reading any new information published by the agency or SVSP. The inmates stated that corrections counselors often read information to them that they had questions or concerns about. They also stated that they felt comfortable asking the counselor for assistance to report a PREA allegation.

(b) SVSP supplied contracts for services with Davin's Interpreting Service (American Sign Language) and Natural Languages, LLC for American Sign Language interpretation. These contracts both expire on 12-31-2019.

(c) Department Operations Manual, Chapter 5, Article 44, section 54040.7 (Detection, Notification, and Reporting) states, *“The department shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first-response duties, or the investigation of the offender’s allegations.”* Department Operations Manual, Chapter 5, Article 44, section 54040.12 (Investigation) states, *“Except in limited circumstances or exigent circumstances, investigators shall not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigation.”* The auditor reviewed the contract between CDCR and Interpreters Unlimited, Incorporated, which states, *“The Contractor shall provide interpreter services over the telephone, facsimile or internet, for any of one hundred forty (140) languages to assist CDCR with inmates/wards who have English as a second language. Interpreters shall be available twenty-four (24) hours a day, seven (7) days a week.”* Interviews with both inmates and staff indicated that staff interpreters were used when needed. The SVSP maintains a list of staff who may be utilized as an interpreter (mostly Spanish). The auditor interviewed a LEP inmate who spoke Spanish only. (Other Spanish speaking inmates who were asked for interviews by the auditor declined to be interviewed.) A custody staff member was utilized during the interview to cover the Random Inmate and LEP interviews. The interpretation appeared effective and the inmate provided more than the bare minimum of response to the questions he was asked. He was able to point out the different avenues he had available for reporting, including by third party, and stated that he received PREA information at both orientation and when current information was distributed. He stated that he was provide all (not just PREA) information in Spanish and, if he had difficulty reading something, either a staff member or fellow inmate would be assigned to assist him. Furthermore, he stated that staff were readily available to assist him if he needed to report sexual abuse or sexual harassment. That, he reiterated, would be his preferred method as he felt most comfortable and would not seek out another inmate to interpret in that instance. The staff interviews, inmate interviews (including those not LEP who were asked about using an interpreter), the policy, and the signed contract with Interpreters Unlimited, show that SVSP is in compliance with this standard.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) DOM 31060.3 (*Power of Appointment*) indicates that the Agency Secretary is the appointing authority for all civil services positions in CDCR. The policy states, “*In accordance with 28 Code of Federal Regulations (CFR), Part 115, Standard 115.17, hiring authorities shall not hire or promote anyone who may have contact with inmates, who: has engaged in sexual violence, or staff sexual misconduct of an inmate in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described immediately above.*” SVSP Staff Services Manager Nunez, supplied examples of criminal history background checks that had been completed on staff. SVSP provided 33 staff files for review by the auditor. Of those, all contained signed documents verifying that the staff member had completed a pre-employment questionnaire relating to the above mentioned inappropriate behavior. In addition, copies of documents showing that criminal records checks had been conducted were in the files. However, she noted that those were examples of non-custody staff or custody staff who had been employed for more than a year. The corrections officers’ initial background checks are conducted at the Academy and those records remain there.

(b) DOM 31060.3 (*Power of Appointment*) directs hiring authorities to “*consider substantiated incidents of sexual harassment in all hiring decisions*”. Staff Services Manager Nunez stated that ALL references to any sexual misconduct, including sexual harassment, would require further scrutiny on the applicant. She stated that a person with a sexual harassment report in their past would not be hired until they provided verification that the allegation was false and the case had been resolved without a finding of guilt of the applicant.

There were no incidents noted in any of the files reviewed.

(c) DOM 31060.16 (*Criminal Records Check*) states that a criminal records check is a requirement for employment with CDCR and includes consent to be fingerprinted, which is also known as “*Live Scan*”. Live Scan refers to the technology used by law enforcement agencies to electronically capture fingerprints and palm prints. The interview with a Staff Services Manager Nunez indicated that *Live Scan* allows for a national criminal history search, to include FBI records. The agency will be notified of any arrest of any employee on the following business day until a “no longer interested” form is submitted by the agency. Questions regarding prohibited conduct are asked on the Supplemental Application for all CDCR Employees, form 1951, effective August 1, 2016. Applicants are also required to list all previous confinement facility employers for whom they have worked, regardless of when they were employed there. In accordance with DOM 31060.17, those files are maintained at the local facility (SVSP).

(d) CDCR utilizes the Live Scan system to conduct criminal background checks of contractors who may have contact with inmates. Contractors carry an identification card for the duration of their project, or up to five years from the date of issue. Background checks must be conducted prior to the issuance of a new identification card. Contractors are also required to hold subcontractors to the same provisions. Volunteers carry an identification card that expires on an annual basis. Background checks must be conducted prior to the issuance of a new identification card.

(e) CDCR and SVSP exceed the standard requirement to conduct criminal background checks at least every five years, through their use of Live Scan. An arrest that may not otherwise be discovered until a manual background check is reported in “real time” to the agency via their agreement with the FBI.

(f) DOM 31060.3 (*Power of Appointment*) directs the hiring authority to “*ask all applicants and employees who have contact with inmates directly about previous staff sexual misconduct and sexual harassment of inmates, in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations as part of reviews of current employees*”. From a review of applications supplied and staff interview, this provision is part of hiring and promotion practices.

(g) The applicant’s signature certifies there are no “*misrepresentations, omissions, or falsifications in the foregoing statements and that all statements and answers are true and correct*”. It also acknowledges, “*I understand and agree that if any material facts are discovered which differ from those facts stated by me on my employee application, this supplemental application, during my interview, or at any time prior to employment with CDCR, I may not be offered the job. Furthermore, I understand and agree that if material facts are later discovered which are inconsistent with or differ from the facts I furnished before beginning employment, I may be disciplined, up to and including dismissal from State service.*”

(h) Documentation from the SVSP and auditor interview of Staff Services Manager Nunez, indicate that information is provided to other institutional employers regarding substantiated allegations of sexual abuse or sexual harassment involving a former employee.

SVSP meets all provisions of this standard in regard to Hiring and Promotion Decisions. Documents such as employment applications, pre-employment forms, and background checks were provided by SVSP as part of their PAQ and were examined during the on-site review. Also, staff interviews of the Director, Warden, PCM, and Human Resources staff were completed with regard to this standard. SVSP, and all of the CDCR, utilizes the *Live Scan* system (see section c above) to conduct background checks. Unlike traditional background checks that must be initiated by the institution (as required by standard, at least every 5 years), the facility is the recipient of the information. The system automatically sends the facility information related to law enforcement contacts of an employee. This information is sent immediately upon the initiating law enforcement agencies input of the data (usually upon arrest). Therefore, not only does SVSP receive information that would be provided in a typical background check without significant delay, they get the information for EACH contact entered. In contrast, a facility initiated National Crime Information Center request done every five years could contain multiple events ranging anywhere from as recent as yesterday to 5-years old. The use of Live Scan allows SVSP to better detect any criminal behavior, including offenses of a sexual nature, of staff or contractors in virtually real-time to prevent those persons from having contact with the inmate population.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

(a) The CDCR Design and Construction Policy Guidelines Manual, Volume I, For Adult Prisons, states, *"When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the department shall consider the effect of the design, acquisition, expansion, or modification upon the department's ability to protect inmates from sexual abuse."* It is noted that the newly constructed holding cells in the medical areas of each yard do not meet standard for cross-gender viewing. Although an attempt was made to provide a barrier to viewing of inmates using the toilet in that cell, the barrier is inadequate and appears to allow for more than incidental cross-gender viewing of inmates using the toilet. However, that will be addressed with the Correction Action for standard 115.15. AW Sullivan is aware of the concerns but will not have access to make physical changes until the contractor completes the remodel and the facility resumes control.

Director Allison stated that when any construction project is undertaken within the agency, she is one of several people who determine whether the project will impact offender safety. She stated that safety of staff and offenders is always considered. Chief Deputy Warden Foss said that the Warden and other administrative staff, including custody and maintenance staff, were included in any discussions of remodeling or expansion of the facility. She did not that final approval for construction was given at the agency level. Only after the contractor completed the contract could SVSP modify any of the recent construction.

(b) The CDCR Design and Construction Policy Guidelines Manual, Volume I, For Adult Prisons, states, *"When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the department shall consider how such technology may enhance the department's ability to protect inmates from sexual abuse."* AW Chavez provided documentation to the auditor of his involvement in meetings pertaining to surveillance/monitoring technology installation or updates at VSP. Interviews with high level staff indicated they were all aware of the requirement to consider PREA when considering changes. During the onsite review, cameras were observed in very few locations throughout the facility (visitation, yard, and Administrative Segregation Unit). Again, the concerns of the cameras allowing for cross-gender observation of inmates performing bodily functions in the segregation outside recreation pens will be addressed in Corrective Action for 115.15. Capt. Stark, AW Sullivan, and Chief DW Foss are involved in the assessment of new construction or remodeling at SVSP to some extent. They each were anticipating CDCR providing funding specifically for video monitoring enhancements at SVSP. Capt. Stark and Chief DW Foss stated that the agency has begun enhanced video monitoring pilot programs at other facilities and requests of the Legislature have been made to support further enhancements throughout the CDCR, including SVSP. Director Allison reiterated the points made by Capt. Stark and Chief DW Foss. She said that the agency was actively pursuing funding from the Legislature to install video monitoring systems in all facilities, beyond that of the pilot project. It was the agency's assessment, she said, that the pilot projects had already shown that video monitoring would enhance the security posture of the prisons and provide a safer environment for inmates with regard to sexual abuse and other violence.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers?
☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) SVSP supplied a Justification Memo that states:
Evidence protocol and forensic medical examinations.

When conducting sexual abuse investigations, CDCR ensures that any potential evidence is identified, preserved and collected. Examples of evidence include, but are not limited to any clothing worn by the victim and suspect, hair or clothing fibers, dried or moist secretions, semen, blood or saliva stains, stained articles of clothing, blankets, or other foreign materials on the body of the victim or suspect, fingernail scrapings, and any other trace evidence (including the rape examination kit). Although all staff are trained in the collection of evidence, based on when/where the incident occurred, a designated

evidence officer will be requested to collect evidence that may be destroyed if not preserved. The designated evidence officer and any other employee who collects evidence will process it according to institutional procedure, stated in the policy below. Interviews of random custody officers and the Investigative Services Unit officers, indicated that they are all aware of the policy and it is incorporated in their practice.

All DNA related evidence taken from the body of the victim or suspect (i.e., fingernail scrapings, body fluid, hair, etc.) must be collected by the Sexual Assault Nurse Examiner (SANE), this individual is located at the SART location, in accordance with State of California, Office of Emergency Services Reporting Instructions.

In addition, DOM 54040.8.1 contains the following information:

Care must be taken to ensure that any potential evidence is identified, preserved, and collected. Examples of evidence include, but are not limited to any clothing worn by the victim and suspect, hair or clothing fibers, dried or moist secretions, semen, blood or saliva stains, stained articles of clothing, blankets, or other foreign materials on the body of the victim or suspect, fingernail scrapings, and any other trace evidence (including the rape examination kit).

Based on when/where the incident occurred, a designated evidence officer will be requested to collect evidence that may be destroyed if not preserved. The designated evidence officer and any other employee who collects evidence will process it according to institutional procedure.

All DNA related evidence taken from the body of the victim or suspect (i.e., fingernail scrapings, body fluid, hair, etc.) must be collected by the Sexual Assault Nurse Examiner

(SANE), this individual is located at the SART location, in accordance with State of California, Office of Emergency Services Reporting Instructions.

The Locally Designated Investigators (LDI), or Investigative Services Unit (ISU), is responsible for on-site investigations of sexual abuse/harassment.

Additionally, a spreadsheet of substantiated cases referred to the District Attorney were provided to include dispositions and status.

(b) ISU agents receive specialized training on sexual abuse and sexual harassment investigations. This training is based off the April 2012 edition of “A National Protocol for Sexual Assault Medical Forensic Examination”, published by the US Department of Justice. The training lesson plan was provided by SVSP. Additionally, the CDCR Office of Correctional Safety *Specialized PREA Training for Locally Designated Investigators* was provided as investigators are also required to obtain this training. There are no youthful offenders housed at SVSP. Interviews with ISU agents and random staff indicated they are knowledgeable on obtaining usable physical evidence.

(c) DOM 54040.9 (*Forensic Medical Examination*) states, “In accordance with DOM Sections 54040.12.1 and 54040.12.2, the victim will be taken to the designated outside hospital, or on-site location, where SART Contract Staff will complete the forensic exam. The SANE shall provide the required Forensic Medical Examination, per the Office of Emergency Services, as well as the appropriate Forensic Medical Report...These examinations will consist of an explanation of the process, the offender’s signature on consent forms (some offenders will require assistance to explain the consent forms prior to signing them), discussion of the incident and when/how it occurred, and a detailed physical examination that will include evidence collection and photographs.”

California Correctional Health Care Services has written directives in its Governance and Administration, Chapter 10, 1.10 Copayment Program Policy stating that copayments are not charged for health care service(s) considered to be treatment services relating to sexual abuse or assault. Auditor Steimel interviewed the Statewide SANE Coordinator, who stated that she coordinates with Sgt. Vinson, ISU when/if a SANE examination is required. There was no documentation to suggest that forensic medical examinations had ever been provided on-site or by someone other than a SANE. There were three documented SANE/SAFE exams conducted on inmates housed at SVSP in the prior 12 months. CDCR has entered into a signed Memorandum of Understanding (MOU) with the County of Monterey (Agreement #C5607455) to provide Sexual Assault Forensic Examinations (SAFE). The term of agreement expires June 30, 2019.

(d-e) The SVSP has a MOU with the Monterey County Rape Crisis Center (MCRCC) to that states: *The purpose of this MOU is to define the roles and responsibilities of each entity regarding CDCR's duty to provide Emotional Support Services Related to Sexual Abuse, and Victim Advocate Services. The intent of this MOU is to provide inmates in SVSP (hereafter referred to as "Institution") with Emotional Support Services Related to Sexual Abuse in accordance with the Prison Rape Elimination Act (PREA) Federal Standard 115.53(a), and to provide Victim Advocate Services in accordance with PREA Federal Standards 115.21(d) and 115.21(e) for violations listed in CA Penal Code Sections 264.2, 679.04 and CDCR Departmental Operations Manual (DOM) Section 54040.8.2. It is the understanding among all parties that no funds shall be exchanged nor obligated for provided services. All costs shall be borne onto the party incurring expenditures.*

DOM 54040.8.1 (Custody Supervisor Responsibilities) states that "A Watch Commander Notifications Checklist has been developed to identify the tasks to be completed...the Watch Commander is required to contact the Rape Crisis Center to request a Victim Advocate be dispatched. If one is not available, designated, trained staff from the facility will be dispatched or called in to act as the Victim Advocate..."

Both the DOM and the MOU state that the Victim Advocate will be made available to the victim throughout the forensic examination and the investigatory process. Additionally, the MCRCC agrees to provide emotional support services, crisis intervention, information, and referrals.

(f-g) CDCR correctional staff have peace officer status under California Penal Code 830.5, and are authorized and trained to conduct administrative and criminal investigations.

(h) CDCR and SVSP do not utilize qualified agency staff members in an advocacy capacity.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☐ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☐ Yes ☐ No
- Does the agency document all such referrals? ☐ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No ☐ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a-b) DOM section 54040.12 (*Investigation*) states, “All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing.” Allegations of inmate on inmate sexual abuse and sexual harassment are reported through the Watch Commander at SVSP, and investigated by a member of the Investigative Services Unit (ISU). Substantiated allegations are referred to the District Attorney to make a determination on prosecution. The collection of preliminary information concerning an investigation of staff sexual abuse or sexual harassment is conducted by the ISU. If allegations are found to have potentially occurred, ISU refers the case to the Office of Internal Affairs (OIA), an entity within CDCR with authority to investigate all staff misconduct allegations. The OIA completes the investigation and works with the District Attorney to make a determination on prosecuting the perpetrator. Auditor Mora interviewed a Sergeant and a Lieutenant assigned to the ISU. Both were able to articulate an understanding of their role in sexual abuse and sexual harassment investigations. A review of investigation files found that they were consistent with establish policy and protocol stated above.

(c) This subsection of the standard is not applicable to CDCR/VSP, as all investigations are completed by ISU or OIA.

(d) Department Operations Manual, Chapter 5, Article 44 governs the conduct of administrative and criminal investigations of sexual abuse and sexual harassment, and this policy is available on the agency's website. PREA Audit Report Page 33 of 91 Facility Name – double click to change

(e) This subsection of the standard is not applicable to CDCR/VSP, as all investigations are completed by ISU or OIA.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) DOM section 54040.4 (*Staff Training*) states, "All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy." This auditor reviewed all curriculum noted in the policy to ensure a comprehensive training program that provides detailed information on all ten required elements.

(b) DOM 54040.4 (*Staff Training*) states, “*The training will be gender specific based on the offender population at the assigned institution.*” The curriculum provided by CDCR is gender specific and includes information on working with female, male and transgender inmates.

(c) AW Sullivan provided a list of all employees who had received PREA training at SVSP. Additionally, the On-the-job training lesson plan was provided to show training content. The curriculum covers CDCR’s Prison Rape Elimination Act Policy, LGBTIQ specific information, prevention and recognition of sexual violence, staff sexual misconduct, and sexual harassment, and response to sexual abuse of inmates. Staff interviews verified that the training was provided and that staff have a basic understanding of PREA standards.

(d) Both electronic and written signatures are maintained of training delivery, verifying that employees understand the information they received.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) DOM 54040.4 (*Staff Training*) states, “*All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and*

investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy.” In addition, volunteers and contractors receive a PREA informational sheet that outlines the historical perspective of PREA, CDCR’s zero tolerance policy, expectations regarding professional interactions and how to prevent, detect and respond to information regarding sexual abuse and sexual harassment.

- (b) All volunteer and contractors are provided a mandatory, one-hour training class to aid them in understanding the dynamics of establishing positive, professional interactions with inmates in the performance of their duties. Staff who have duties that require them to be in more contact with inmates, receive more extensive training. Auditor Steimel was able to interview a contract staff member who indicated that he had received the training, understood the training, and was able to apply the training when interacting with inmates.
- (c) SVSP records staff training attendance on CDCR Form 844 to record staff’s receipt of the required PREA training. These forms were available for review showing that staff received the training required.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) Department Operations Manual, Chapter 5, Article 44, section 54040.4 (*Offender Training*) states, "Initial offender orientation on PREA will be provided to the offender population in reception centers (RC) via either written or multi-media presentation on a weekly basis in both English and Spanish." PREA posters, containing departmental policy and reporting telephone numbers are posted at designated locations throughout the institution, to include receiving and release areas. Two PREA

brochures (“Sexual Violence Awareness” and “Sexual Abuse/Assault – Prevention and Intervention”) are distributed to all inmates at receiving and release areas. These brochures outline CDCR’s no tolerance policy, and provides information on how to report by telephone, in writing and anonymously.

(b) The written informational resources provided upon arrival to SVSP are provided again by the inmate’s counselor within 14 days. Receipt of this information, is documented on the CDCR-128-B form.

(c) SVSP provided a memorandum from Jay Virbel, Associate Director of Female Offender Programs and Services/Special Housing, dated November 4, 2015. The memorandum states that all CDCR institutions shall provide *the “informational sheet titled; **PREA INFORMATION FOR ORIENTATION HANDBOOK**, to the current population.”* It further states that all institutions have provided “Proof of Practice memorandums” verifying completion of the directive by September 2, 2015. Interviews with inmates confirmed that they receive this information upon arrival at SVSP.

(d) Appropriate provisions are made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and persons with disabilities. When an inmate’s Test of Adult Basic Education score is 4.0 or lower, employees are required to query the inmate to determine whether or not assistance is needed to achieve effective communication. The employee is required to document on CDCR-128-B forms his/her determination of whether the inmate appeared to understand, the basis for that determination and how it was made. If the inmate requires other accommodation for understanding educational material, the counselor will make arrangements to provide it. Interviews with random inmates indicated they are aware of PREA and the agency’s zero-tolerance policy.

(e) Documentation of inmate education is captured on CDCR-128-B forms, signed by the inmate and an employee, and retained in the inmate’s file. While onsite, this auditor reviewed a random sample of inmate files to ensure proper documentation.

(f) Written information about PREA is readily available to inmates through the use of inmate handbooks, as well as posters in housing units and common areas of the facility.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) CDCR correctional staff have peace officer status under California Penal Code 830.5, and are authorized and trained to conduct administrative and criminal investigations. Investigations are conducted by Locally Designated Investigators (LDIs). Department Operations Manual, Chapter 5, Article 44, section 54040.3 (*Definitions*) outlines that an LDI may be an Investigative Services Unit Investigator, or other designated institutional staff who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct in a confinement setting (certificates were provided). This specialized training is required per California Penal Code 13516. Department Operations Manual, Chapter 5, Article 44, section 54040.4 (*Staff Training*) states, “All employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized

training per PC section 13516(c). The curriculum utilized in the class must be OTPD [Office of Training and Professional Development] approved. The Hiring Authority or PREA Compliance Manager (PCM) shall ensure employees investigating incidents of sexual violence and/or staff sexual misconduct are properly trained.”

(b) The auditor reviewed the curriculum utilized for CDCR’s Basic Investigators Course, which was most recently updated in December 2016. The training includes instruction on interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Interviews with two of the LDIs at SVSP indicated they were knowledgeable in each aspect of sexual abuse and sexual harassment investigations.

(c) SVSP has 13 Locally Designated Investigators. The audit team reviewed training records for the investigators to ensure the required training was received and documented.

(d) This subsection of the standard does not pertain to CDCR/SVSP.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) Department Operations Manual, Chapter 5, Article 44, section 54040.4 (*Staff Training*) states, “All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy.” Auditor Mora reviewed all curriculum noted in the policy to ensure a comprehensive training program that provides detailed information on how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Interviews with medical and mental health staff indicated they were knowledgeable of the required elements.

- The PAQ notes that 95% of the medical and mental health staff have received the training required by agency policy. 100% of the medical and mental health staff will be required to receive this training before compliance with this standard is achieved. Prior to the conclusion of the corrective action period documentation must be supplied to verify this training has been completed for all medical/mental health staff.
 - PCM Sullivan supplied a training roster to show that all medical/mental health staff at SVSP have completed this training by 9/14/2018. This assures the auditor that SVSP is in compliance with this standard.

(b) As the agency does not employ medical staff to conduct forensic medical examinations, this subsection of the standard does not apply. Incarcerated survivors of sexual abuse are transported offsite to Community Regional Medical Center for forensic medical examinations.

(c) While onsite, this auditor reviewed a random sample of employee files to ensure they contained training documentation.

(d) In addition to the PREA training provided to all employees, medical and mental health staff receive additional training specific to their responsibilities with PREA. Auditor Mora reviewed the training module to ensure it provided detailed information on how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Interviews of staff indicated they have received the training and are knowledgeable of the required elements. DOM 54040.4 denotes all employees, volunteers and contractors shall receive training related to the prevention, detection, response and investigation concerning offender sexual abuse and sexual harassment.

Medical and Mental health staff are provided a 2 hour training which covers the elements of this standard however, in the facility PAQ and during the on-site portion of the PREA audit it was determined that not all medical and mental health staff have completed the training.

Corrective action was discussed with Salinas Valley State Prison (SVSP) administrators to include requiring all medical and mental health staff complete the required specialized training and also require adequate documentation to provide staff understand and have received the required training.

Interviews with medical and mental health staff who have completed the training provided they understood their responsibilities in regard to an incident of sexual abuse or sexual harassment.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☐ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a-e) DOM 54046.5 (*Initial Screening*) states, “Upon arrival at an institution reception center, a program institution, or an ASU or SHU, an inmate shall be screened for an appropriate housing assignment.” The screening requires an assessment of available information, a review of the inmate’s file and an interview with the inmate. Screening staff are required to review prior in-cell behavior towards a cell partner, any history of in-cell sexual abuse, assaults, or sexual abuse victimization. Screening staff complete the Strategic Offender Management System (SOMS) Initial Housing Review (IHR). SOMS includes an electronic PREA screening form that contains all ten considerations to assess an inmate’s risk for sexual victimization as described in the standard. A second part of the PREA screening form assesses an inmate’s risk of sexual abusiveness. Inmates are identified as “*at risk as a victim*”, “*at risk as an abuser*” or “*not identified as a risk*”. Based on information that the inmate has been a victim of sexual violence or victimization, the custody supervisor conducting the initial screening shall discuss housing alternatives with the inmate and consideration will be given to housing the inmate with another inmate who has compatible housing needs. If it is determined that a single cell is the most suitable option, the custody supervisor will designate the inmate for single cell housing pending a classification review. When inmates are cleared for and assigned to dorm housing, the custody supervisor will assign inmates identified as “*at risk as a victim*” to a location close to the staff office or podium. Use of the electronic screening form was implemented on August 28, 2017. In order to ensure all inmates received a PREA screening within one year of implementation, SVSP initiated a one-time “catch up” process, requiring all correctional counselors to complete a screening tool for any inmate without one currently in their file during their next classification review. DOM 54046.5 Initial Screening (Revised September 6, 2013) the initial screening is completed within the 72 hour requirement of this standard. The screening tool example provided contains all the required elements of section (d) of this standard.

(f) The Classification Committee meets with each inmate within 14 days of arrival at SVSP. During that review, the inmate is asked if there if any new information or concerns about PREA since his arrival. SVSP provided copies of completed Classification Committee forms to verify this provision is being met as stated.

(g) Risk levels are reassessed by the Classification Committee when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness.

(h) Per policy, inmates may not be disciplined for refusing to answer, or not disclosing complete information related to mental, physical, or developmental disabilities, their sexual orientation, sexual victimization or perception of vulnerability. Interviews with staff who conduct risk screening indicated that if an inmate refused to answer questions, they would complete the screening with information otherwise available to them. There were no interviews of inmates that indicated they had been disciplined for refusing to answer screening questions.

(i) Classification decisions are noted on a “*result sheet*” and distributed to facility staff on a need-to-know basis. DOM 54040.3 (*Definitions*) defines need-to-know as when the information is “*relevant and necessary in the ordinary performance of that employee’s official duties*”. The CDCR utilizes a

screening tool made available to screening staff through the Strategic Offender Management System (SOMS). This process became effective within the agency on August 28, 2017.

The California Code of Regulations (CCR) Title 15, Article 1.6, Subsection 3296; Inmate Housing and DOM 54040.6 determines the elements staff must consider when determining offender housing.

CCR Title 15, Article 1.6 Inmate Housing, Section 3269 Integrated Housing; denotes the offender's housing will be reassessed by the Unit Classification Committee (UCC). The UCC is required to meet with the offender within 14 days of intake. Information gleaned from interviews and documentation revealed this meeting was usually conducted within a 5 to 15 day time frame. The information and documentation provided also revealed all elements of the initial screening are reassessed and feedback from the offender is incorporated and considered by the committee.

Further on site inquiry was conducted to determine referrals to medical and mental health were completed. Medical and mental health subsequently provided documentation of such referrals and clinical sessions with the offender. It was determined that referrals of those alleging prior victimization or abuse are referred to medical and mental health staff.

Referrals for follow up medical and mental health care were reviewed on site and through interviews with case management, medical and mental health staff. Documentation of such referrals were maintained in the offender's medical and mental health file and by case management staff in the CDCR SOMS.

DOM 54040.7, Referral for Mental Health Screening, denotes disclosure of victimization or abusiveness in the community or in custody shall be referred to mental health via CDCR Form 128-MH5, Mental Health Referral Chrono. It is recommended that SVSP formalize a tracking system specific to referrals made to medical and mental health after a disclosure by an offender of sexual abuse during risk screening.

Amended DOM 54040.7 also states that, *"An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness."*

DOM 54040.6 Offender Housing; denotes an offender shall not be disciplined for refusing to answer or disclosing complete information during risk screening.

The CDCR maintains control of the dissemination of sensitive offender information through access of the SOMS system which is enabled by "permissions" and permission levels of staff for access to sensitive offender information. The process was explained to auditors during the on-site portion of the audit by CDCR administrators.

Auditor Mora interviewed the screening Lieutenant (Staff who perform screening for victimization and abusiveness). Was a very good interview and left no doubt that the Lieutenant considered all aspects of an offender's situation when considering all elements of this standard. The Lieutenant, or other screening staff member, maintains the authority to re-direct housing placement of an offender if the screening results require. The Lieutenant has access to all database systems that contain offender information as a resource.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) As part of an inmate's review with the Classification Committee, the committee chairperson will review the completed PREA screening tool with the inmate and ask if he has any additional relevant information that should be considered for future housing, program or work assignments. The

chairperson notes if the inmate feels the current assignments are appropriate, or if there is additional information or concerns. If additional information is provided by the inmate, the chairperson notes the information and the action taken in response to the information. If the inmate does not have additional information, but expresses concerns or has special needs related to assignments, the chairperson notes the concerns and the action taken in response to the concerns. The audit team interviewed custody staff and work assignment supervisors to determine if inmates at risk of being victimization were appropriately placed and supervised. During the audit, the audit team noted the lack of blind spots due to the general construction of the facility.

(b) Through the use of the Classification Committee, CDCR and SVSP make individualized determinations about how to ensure each inmate in their custody is safe.

(c) DOM 62080.14 (*Transgendered [sic] Inmates*) states, “*Inmate who have been diagnosed as transgendered [sic], as documented on the CDCR Form 128-C3, shall be referred to a classification committee for review of all case factors and determination of appropriate institutional placement and housing assignment.*” In order to ensure transgender inmates receive the necessary medical care/mental health treatment, CDCR has identified 11 facilities for “*male-to-female inmate-patients*” and two facilities for “*female-to-male inmate-patients*”. SVSP is not identified by policy or practice as an appropriate location for transgender inmates. The policy states, “*In cases where an inmate-patient has multiple case factors which make it difficult to house them in one of the above listed institutions, a case conference consisting of Health Care Placement Oversight Program, Classification Services Unit, California Correctional Health Care Services, and Population Management Unit staff, shall be conducted to determine the most appropriate level of care/institution suitable for housing consistent with the inmate-patient’s case factors.*”

(d-e) 35 inmates at SVSP identified as transgender females at the time of the onsite portion of the audit.

(f) Inmate and staff interviews confirmed that transgender inmates are allowed to shower separately at SVSP. However, some transgender inmates reported that the shower area walls and/or modesty screens do not provide coverage for the breast area. This will be covered in the corrective action for standard 115.15.

(g) According to the PCM, SVSP is not subject to a consent decree, legal settlement, or legal judgement for protecting LGBTI inmates, and does not place those inmates in dedicated facilities, units, or wings solely based on such identification.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?
☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?
☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

By CDCR policy, employees have a responsibility to protect the offenders in their custody. All staff are required to immediately report any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct or sexual harassment to the appropriate supervisor. Department Operations Manual, Chapter 5, Article 44, section 54040.6 (Offender Housing) states, *"Offenders at high risk for sexual victimization, as identified on the electronic Initial Housing Review, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers. Offenders at high risk for sexual victimization shall have a housing assessment completed immediately or within 24 hours of placement into segregated housing. If temporary segregation is required, the inmate shall be issued an Administrative Segregation Placement Notice, explaining the reason for segregation is the need to complete a housing assessment based on the high risk for sexual victimization."* While onsite, this auditor reviewed housing records of those inmates designated to be at high risk of sexual victimization, and confirmed that none had been assigned to protective custody housing. There were no inmate interviews that indicated this had been done in the past.

DOM 54040.6; Denotes; *"Offenders at high risk for sexual victimization, as identified on the electronic Initial Housing Review, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers."*

Offenders at a high risk of sexual victimization receive a housing assessment completed immediately or within 24 hours of placement in administrative segregation. This was confirmed by the risk assessment staff and the administrative segregation supervisor.

CCR Article 7, 3335 Administrative Segregation; requires victims placed in non-disciplinary segregation be afforded privileges to include documentation of the process by staff if privileges are not provided to inmates. This regulation requires the inmate may only be placed in segregation under the noted circumstances for a period not to exceed 30 days or until an alternative housing arrangement can be provided.

It is recommended the facility develop a system or operating procedure to track this process to include the 24 hour requirement.

Auditor Mora interviewed the Administrative segregation Sgt. (Staff who supervise inmates in segregated housing). The Sgt. said offenders are placed in administrative segregation at times until investigations staff can interview them. Most often when it is not clear exactly under what circumstances are involved in the incident.

Auditor Mora interviewed an offender who was in administrative segregation but not under a PREA incident. He had no complaints about his placement or treatment but was not aware of community level services or the ability to remain anonymous when reporting.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?
☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) SVSP inmates have multiple internal mechanisms for reporting, to include providing the information verbally or in writing to any staff member, contractor or volunteer; calling the Office of Internal Affairs; calling or writing the Office of the Inspector General; by utilizing the Inmate Appeals Process; or, requesting a family member or friend report on their behalf. This information is available to inmates through postings throughout the facility and orientation information provided upon arrival to SVSP. This information is provided in English and Spanish. Appropriate provisions are made to ensure effective communication for inmates with low literacy levels, and those with disabilities. Interviews with inmates indicated they are aware of the multiple mechanisms for reporting. A review of documentation and interviews with staff indicated that inmates are using these mechanisms to report allegations.

(b) The "Sexual Violence Awareness" and "Sexual Abuse/Assault – Prevention and Intervention" PREA brochures indicate that inmates may request to keep their name anonymous when reporting to the Office of the Inspector General. SVSP does not have any inmates detained solely for civil immigration purposes.

(c) DOM 54040.7 (*Detection, Notification, and Reporting*) states, "Offenders may report violations of this policy to any staff member verbally or in writing, utilizing the Inmate Appeals Process, through the sexual assault hotline, or through a third party." Any employee receiving information from any source is required to immediately report the information or incident directly to the hiring authority, unit supervisor, or highest-ranking official on duty. Failure to accurately and promptly report may subject the employee who failed to report it to disciplinary action. Interviews with staff indicated they are aware of this responsibility. Documentation review and interviews with inmates did not indicate any reports had not been accepted when placed verbally, in writing, anonymously or by third parties.

(d) SVSP staff, volunteers and contractors can report sexual abuse and sexual harassment privately to any supervisor. Interviews with staff, volunteers and contractors did not indicate that any person had concerns with regards to private reporting mechanisms and that they felt comfortable reporting.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No ☐ NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

CDCR has administrative procedures in place to address inmate grievances regarding sexual abuse. DOM 3084.9 (*Exceptions to the Regular Appeal Process*) states that both staff sexual misconduct and inmate-on-inmate sexual violence is not subject to time limits, and are processed on an emergency basis. A risk assessment determination must be immediately completed to determine if the inmate is in substantial risk of imminent sexual violence, and if so, immediate corrective action must be taken. All PREA-related grievances are considered “*emergency appeals*” and require a response within 48 hours. DOM 3084.9 (*Exceptions to the Regular Appeal Process*) states, “*An inmate or parolee alleging staff misconduct by a departmental employee shall forward the appeal to the appeals coordinator.*” The complaint is reviewed by the appeals coordinator and hiring authority, and referred to the Office of Internal Affairs if warranted. The pre-audit questionnaire indicated that SVSP has had 15 inmate grievances concerning PREA within the last year. All of the 15 were completed and a final decision was made within the 90-day period.

DOM 54040.7.2 (*Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer*) allows a third party to file complaints on behalf of an inmate. The term “*third party*” is defined in this section as including “*inmates, family members, attorneys or outside advocates*”. When a third party files a complaint on behalf of an inmate, a supervisory employee will take the alleged victim to a private setting to discuss the complaint and assess immediate housing needs. Third party reports are documented and forwarded to the hiring authority, who will forward the complaint to a Locally Designated Investigator to conduct inquiry work and determine if the report warrants an Office of Internal Affairs investigation. This auditor reviewed one report of an allegation filed by one inmate on behalf of another inmate in this manner to determine an investigation had been completed, it was processed in a timely manner and appropriate action had been taken.

DOM 54040.15.1 (*Alleged Victim – False Allegations*) states, “*Following the investigation into sexual violence, or staff sexual misconduct, if it is determined that the allegations were made not in good faith or based upon a reasonable belief that the alleged conduct occurred, the offender making the allegations may be subject to a disciplinary action. A charge of ‘making a false report of a crime,’ a Division ‘E’ offense, is appropriate only if evidence received indicates the offender knowingly made a false report. An allegation deemed unsubstantiated or unfounded based on lack of evidence, does not constitute false reporting.*” The SVSP PCM submitted a written memorandum to this auditor indicating that SVSP did not have any dispositions related to false allegations within the reporting period. Interviews with inmates did not indicate any had been subject to discipline for false reporting or filing a PREA-related grievance.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

- (a) DOM 54040.8.2 was revised on July 27, 2017 to read, in part, “*Victims of alleged sexual violence or staff sexual misconduct have the right under PC 264.2, PC 679.04, and/or 28 CFR, Standard §115.21 to a Victim Advocate and Victim Support Person for both forensic medical examination (where evidentiary or medically appropriate) and for the investigatory interview.*”

Additionally, the revision states, “A Memorandum of Understanding (MOU) between the Institution and Local Rape Crisis Center (Victim Advocate) shall be established to ensure that both agencies understand their roles and responsibilities when responding to sexual violence or staff sexual misconduct.” SVSP has entered into an MOU with the Monterey County Rape Crisis Center (MCRCC) through June 30, 2019. The MCRCC toll-free number is listed throughout the facility near inmate phones. This number was tested and shown to be working.

- (b) The Inmate Handbook includes the disclaimer, “Be advised all telephone calls from the inmate telephone system are recorded. If a PREA allegation is identified through the inmate telephone system, it will be referred to appropriate staff for inquiry or investigation, as appropriate.”
- (c) SVSP provided a copy of the MOU between the CDCR and MCRCC. This MOU contains a Contact Supplement for SVSP. This MOU lists the intent as, “...to provide inmates in SVSP (hereafter referred to as “Institution”) with Emotional Support Services Related to Sexual Abuse in accordance with the Prison Rape Elimination Act (PREA) Federal Standard 115.53(a), and to provide Victim Advocate Services in accordance with PREA Federal Standards 115.21(d) and 115.21(e) for violations listed in CA Penal Code Sections 264.2, 679.04 and CDCR Departmental Operations Manual (DOM) Section 54040.8.2.”

A role of the MCRCC is to:

Provide Emotional Support Services Related to Sexual Abuse in response to requests from incarcerated victims through one or more of the following methods:

- a. non confidential regular inmate telephone call to Contractor’s hotline number via the inmate telephone system consistent with the inmate’s housing status.
- b. confidential written correspondence to and from Victim Advocates pursuant to CALIFORNIA EVIDENCE CODE § 1035.4 – outside of envelope must state “Evidence Code 1035.4 Confidential/Privileged Communication;”
- c. in-person crisis counseling sessions between incarcerated victims and Contractor Personnel utilizing meetings prearranged by the PREA Compliance Manager or designee
- d. telephone calls to Contractor Personnel via chaplain, counselor, psychologist, or ISU staff as resources and scheduling allow.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) DOM section 54040.7.2 (*Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer*) allows a third party to file complaints on behalf of an inmate. The term “third party” is defined in this section as including “inmates, family members, attorneys or outside advocates”. When a third party files a complaint on behalf of an inmate, a supervisory employee will take the alleged victim to a private setting to discuss the complaint and assess immediate housing needs. Third party reports are documented and forwarded to the hiring authority, who will forward the complaint to a LDI to conduct inquiry work and determine if the report warrants an Office of Internal Affairs investigation.

There is a link on the CDCR webpage (<https://www.cdcr.ca.gov/PREA/reporting.html>) for information on the Prison Rape Elimination Act. The page provides an overview of PREA, agency policy, definitions, and PREA-related reports and audits. The website provides three ways to report incidents of sexual abuse.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent

necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) DOM section 54040.7 (*Detection, Notification, and Reporting*) states, "CDCR employees have a responsibility to protect the offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. . . Staff shall ensure the reporting of information is done as soon as possible and in a confidential manner."

DOM 54040.13 states, "For at least 90 days following a report of sexual violence or staff sexual misconduct, the PCM monitors the conduct and treatment of inmates or employees who reported or cooperated with an investigation, to ensure there are no changes that may suggest retaliation." This monitoring is documented on form CDCR 2304, *PROTECTION AGAINST RETALIATION (PAR)*. Auditor Mora reviewed several investigative files, and each file contained the appropriate documentation to indicate the monitoring was occurring at SVSP.

CDCR medical and mental health staff are required to report information regarding sexual abuse and sexual harassment. Interviews with those staff indicated they are aware of their responsibility. CDCR inmates sign an informed consent form prior to receiving services that

states medical and mental health staff will report if inmates disclose they have been sexually assaulted or harassed by other inmates or staff.

- (b) DOM 54040.8 (Response) states, *"It is the expectation that all staff shall maintain professional behavior when interacting with an alleged victim of sexual violence or staff sexual misconduct and display sensitivity to the potential emotional impact of the situation. All staff are reminded that this is a very serious situation. Incident specific information shall be treated as confidential, and disclosure made only to employees who have a "need to know" and other persons and entities as permitted or required by law."*
- (c) CDCR medical and mental health staff are required to report information regarding sexual abuse and sexual harassment. Interviews with those staff indicated they are aware of their responsibility. CDCR inmates sign an informed consent form prior to receiving services that states medical and mental health staff will report if inmates disclose they have been sexually assaulted or harassed by other inmates or staff. VSP does not house inmates under the age of 18, or those considered to be a vulnerable adult.
- (d) SVSP does not house inmates under the age of 18, or those considered to be a vulnerable adult.
- (e) All suspected cases of sexual abuse and sexual harassment at SVSP, including third party and anonymous calls are referred to the internal investigators.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

- (a) DOM 54040.7 (Detection, Notification, and Reporting) states, *"CDCR employees have a responsibility to protect the offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment...Staff shall ensure the reporting of information is done as soon as possible and in a confidential manner."*

This auditor reviewed the lesson plan for training staff on PREA, and confirmed it reiterates the expectation that staff take immediate action if an inmate is at *"substantial risk of imminent sexual abuse"*. Interviews with specialized staff, random staff and random inmates did not

indicate any immediate actions had been necessary. Staff were aware of the requirements if it were to be necessary.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a-d)DOM 54040.7.4 (*Notification from/to Other Confinement Facilities*) states, “Upon receiving an allegation that an offender was the victim of sexual violence or staff sexual misconduct while confined at another institution/confinement facility, the hiring authority where the allegation was received shall notify the hiring authority of the institution or appropriate office of the agency where the alleged sexual violence or staff sexual misconduct occurred. This initial notification shall be made via telephone contact or electronic mail and will be followed up with a written summary of the alleged victim’s statements. Such initial notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation...The Hiring Authority or agency office receiving notification that an incident occurred at their institution, shall assign and ensure that the allegation is investigated and reported in accordance with DOM Section 54040.12. Upon completion, a closure report shall be returned to the institution where the alleged incident was reported.”

Interviews with the Chief Deputy Warden and the PCM indicated that notifications to other confinement facilities are made from Warden to Warden. While onsite, this auditor reviewed investigative files that originated from a confinement notification to or from SVSP. The notifications were sent from Warden to Warden. Each allegation had been appropriately documented and investigated.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a-b) DOM section 54040.8 (*Response*) states, “Upon initial contact with an employee, that employee will take the alleged victim to a private secure location...The employee shall make every effort to ensure the victim does not: shower; remove clothing without custody supervision; use the restroom facilities and/or; consume any liquids.” CDCR has developed a form (“*Sexual Assault Interview Guidelines*”) to assist with first responder duties. This form has a checklist to indicate if action has been taken that could compromise physical evidence, as well as identifying information critical for isolating a potential crime scene until appropriate steps can be taken to collect any evidence. This auditor reviewed training materials that indicated all staff are trained on first responder duties. CDCR has developed a form (“*Watch Commander Notification Checklist*”) to ensure that appropriate actions are taken by the Watch Commander when there is an allegation of sexual assault. Interviews with custody and non-custody staff indicated that while all staff are aware of their first responder duties, some are unaware of what processes follow. It is recommended that the SVSP train staff on all procedures related to this process to help to ensure that misinformation isn’t passed to either staff or inmates.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

- (a) DOM 54040.8-54040.10 covers the initial response to sexual abuse. Custody Supervisor responsibilities, including the Watch Commander Notification Checklist, are detailed as well as: Crime Scene Preservation, Evidence handling, Victim Advocate services, Medical Services responsibilities, Transportation staff responsibilities, the Forensic Medical Examination, and Mental Health responsibilities. Additionally, California Correctional Health Care Services, Volume 1, Chapter 16, 1.16.2 *Prison Rape Elimination Act Procedure*, “is established...to provide medically necessary emergency and follow-up treatment; follow-up plans; and necessary referrals to CCHCS patients who are alleged victims or suspects of sexual violence, staff sexual misconduct, and sexual harassment consistent with its duties...”

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☐ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

- (a) CDCR employees are represented by the California Correctional Peace Officers Association, Bargaining Unit 6. This auditor reviewed the Collective Bargaining Agreement (CBA) effective July 3, 2015 through July 2, 2018. Page 23 of the CBA states that management retains the right to ... "establish and change work schedules, assignments and facilities locations; to hire, transfer, promote and demote employees; to lay off, terminate or otherwise relieve employees from duty for lack of work or other legitimate reasons; to suspend, discharge or discipline employees." This auditor's interview of the Director indicated there is good communication between management and labor. The disciplinary and grievance process outlined in the CBA are consistent with the provisions of 115.72 and 115.76.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a, e) California Code of Regulations § 3401.5 (e-f) states, " (e) *Retaliation Against Employees. Retaliatory measures against employees who report incidents of sexual misconduct shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Such retaliatory measures include, but are not limited to, unwarranted denials of promotions, merit salary increases, training opportunities, or requested transfers; involuntary transfer to another location/position as a means of punishment; or unsubstantiated poor performance reports.*

(f) *Retaliation Against Inmates/Parolees. Retaliatory measures against inmates/parolees who report incidents of sexual misconduct shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Such retaliatory measures include, but are not limited to, coercion, threats of punishment, or any other activities intended to discourage or prevent an inmate/parolee from reporting sexual misconduct.*"

DOM 54040.13 (Allegation Follow-up) states, "For at least 90 days following a report of sexual violence or staff sexual misconduct, the institutional PCM shall monitor the conduct and treatment of inmates or employees who reported the sexual violence or staff sexual misconduct and of the victim to ensure there are no changes that may suggest retaliation. The PCM may delegate these monitoring functions to staff assigned to the Investigative Services Unit or to a supervisory staff

member and has the discretion to assign this monitoring in other circumstances: If the reported conduct is sexual harassment, when a volunteer or independent contractor made the report of sexual violence, staff sexual misconduct, or sexual harassment, or if any person fears retaliation for cooperating with an investigation.

- (b) The PROTECTION AGAINST RETALIATION form lists housing unit/facility change, removal of the alleged inmate/staff from contact with victim, and emotional support services offered to inmate as protective measures. Additionally, the PCM, ISU, and custody staff interviews reiterated that all available options would be considered to maintain inmate safety.
- (c) For at least 90 days following a report of sexual violence or staff sexual misconduct, the PCM monitors the conduct and treatment of inmates or employees who reported or cooperated with an investigation, to ensure there are no changes that may suggest retaliation. This monitoring is documented on form CDCR 2304. Auditor Mora reviewed investigative files, and each file contained the appropriate documentation to indicate the monitoring was occurring at SVSP. The Chief Deputy Warden indicated in her interview that retaliation of any form would not be tolerated at SVSP. This auditor's interview with the facility PCM indicated that he is aware of and adhering to his responsibilities with regards to protection against retaliation. The facility does not continue monitoring for retaliation when an allegation has been deemed unfounded.
- (d) Periodic status checks are documented on the PAR. Examples provided showed that these checks occur.
- (e) See (a)

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) DOM 54040.6 (*Offender Housing*) states, "Offenders at high risk for sexual victimization, as identified on the electronic Initial Housing Review, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers. Offenders at high risk for sexual victimization shall have a housing assessment completed immediately or within 24 hours of placement into segregated housing. If temporary segregation is required, the inmate shall be issued an Administrative Segregation Placement Notice, explaining the reason for

segregation is the need to complete a housing assessment based on the high risk for sexual victimization. If a determination is made at the conclusion of the assessment that there are no available alternative means of separation from likely abusers, the inmate will be retained in segregated housing and issued an Administrative Segregation Placement Notice, explaining the reason for retention. The assigned counseling staff shall schedule the offender for appearance before the Institution Classification Committee for discussion of his/her housing needs. The offender's retention in segregation should not ordinarily exceed 30 days." Staff and inmate interviews indicate that this policy is adhered to.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☐ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if

an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a-l)CDCR correctional staff have peace officer status under California Penal Code 830.5, and are authorized and trained to conduct administrative and criminal investigations. Investigations are conducted by Locally Designated Investigators (LDIs). DOM 54040.3 (*Definitions*) outlines that an LDI may be an Investigative Services Unit Investigator, or other designated institutional staff who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct. This specialized training is required per California Penal Code 13516. DOM 54040.4 (*Staff Training*) states, "All employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516(c). The curriculum utilized in the class must be OTPD [Office of Training and Professional Development] approved. The Hiring Authority or PREA Compliance Manager (PCM) shall ensure employees investigating incidents of sexual violence and/or staff sexual misconduct are properly trained."

The auditor reviewed the curriculum utilized for CDCR's Basic Investigators Course, which was most recently updated in December 2016. The training includes instruction on interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Interviews with LDIs at SVSP indicated they were knowledgeable in each aspect of sexual abuse and sexual harassment investigations. SVSP has 17 Locally Designated Investigators. The auditor reviewed training records for all 17 staff to ensure the required training was received.

Credibility assessments are made individually, and not determined by the person's status as staff or inmate. Auditor Mora reviewed investigative reports, and the reasoning behind credibility assessments are clearly articulated in each report. Substantiated allegations were referred for prosecution. Three cases were pending prosecution at the time of the onsite review.

DOM 14030.5 (*Who May Request a Polygraph Examination*) states, "An employee, inmate, or parolee under investigation for an alleged violation of the law or a regulation may make a request for a polygraph examination. No person shall be ordered to take a polygraph examination."

Auditor Mora commented that the administrative and criminal investigation files contain the required information on employee actions or failures to take actions, descriptions of physical and testimonial evidence, credibility assessments and investigative facts and findings. As a former investigator, Auditor Mora commented that the files were thorough and easy to navigate while containing all necessary elements to meet standards.

DOM 54040.20 (*PREA Data Storage and Destruction*) states, "CDCR shall ensure that all PREA data collected are securely retained. All aggregated PREA data, from facilities under CDCRs [sic] direct control and private facilities with which it contracts, shall be made readily change available to the public at least annually through the CDCR website. Before making aggregated PREA data publicly available, all personal identifiers shall be removed. PREA data collected shall be maintained for 10 years after the date of the initial collection."

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM 33030.13.1 (*Investigative Findings*) states that allegation findings will be made by the Hiring Authority. The definition for “*not sustained*” and “*sustained*” indicate that a preponderance of evidence is necessary to prove or disprove an allegation. Interviews with the warden and ISU staff indicated they are aware of this standard in determining if allegations of sexual abuse or sexual harassment are substantiated, unsubstantiated or unfounded. Auditor Mora reviewed investigative files, and found this determination is made based on a preponderance of the evidence.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

(a-f)DOM section 54040.12.5 (Reporting to Offenders) states, “Following an offender’s allegation that a staff member has committed sexual misconduct against an offender, the alleged victim shall be informed as to whether the allegation has been substantiated, unsubstantiated, or unfounded.” The policy directs the PCM or designee to inform the offender if the alleged abuser is no longer posted within the inmate’s unit, no longer employed at the facility, indicted on the alleged sexual misconduct, or convicted on the alleged sexual misconduct.

DOM 54040.8.1 (Custody Supervisor Responsibilities) states, “Upon conclusion of the investigation, the alleged victim will be provided written notification of the findings as described in DOM Section 54040.12.5.” Following an investigation into an inmate’s allegation that he suffered sexual violence by another inmate, the institution will inform the alleged victim if the allegation is substantiated, unsubstantiated or unfounded on form CDC 128-B. The institution will inform the inmate whenever the alleged abuser has been indicted on the alleged sexual violence or convicted of the charge. The agency’s obligation to report/inform terminates if the alleged victim is released from the agency’s custody. SVSP provides outcome notifications to inmates in writing of which examples of completed forms were provided. For completed cases, appropriate reporting had been provided.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) California Code of Regulations § 3401.5 (Staff Sexual Misconduct) states, “For the purposes of this section, staff sexual misconduct means any sexual behavior by a department employee, volunteer, agent or individual working on behalf of the Department of Corrections and Rehabilitation, which involves or is directed toward an inmate or parolee.”

DOM 54040.3 (Definitions) states that staff sexual misconduct includes any “threatened, coerced, attempted, or completed sexual contact, assault or battery between staff and offenders...The legal concept of ‘consent’ does not exist between staff and offenders; any sexual behavior between them constitutes sexual misconduct and shall subject the staff member to disciplinary action and/or to prosecution under the law.”

DOM 33030.19 (Employee Disciplinary Matrix) contains a comprehensive list of disciplinary infractions and corresponding sanctions. While this list is not considered all inclusive, it does indicate that staff sexual misconduct with an inmate warrants dismissal from state service. DOM 54040.3 (Reporting to Outside Agencies) states, “All terminations for violations of agency sexual misconduct or harassment policies, or resignations by employees that would have been terminated if not for their resignation, shall be reported to any relevant licensing body by the hiring authority or designee.”

The PAQ and subsequent on-site interview with the PCM indicate that no instances of staff violations of sexual abuse or sexual harassment policies had occurred in the prior 12 months.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a-b) DOM 54040.12.4 (*Reporting to Outside Agencies for Contractors*) states, “Any contractor or volunteer who engages in staff sexual misconduct shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies by the hiring authority or designee.” Interviews with the Agency PREA Coordinator, Chief Deputy Warden and PCM indicated that any contractor or volunteer who was found to have violated agency policy related to sexual abuse and sexual harassment would not be permitted to have further contact with inmates.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a-d)DOM 54040.15 (*Disciplinary Process*) states, "Upon completion of the investigative process, the existing disciplinary process, which includes referral for criminal prosecution and classification determinations shall be followed. If the allegation of sexual violence warrants a disciplinary/criminal charge, a CDCR Form 115, Rules Violation Report shall be initiated." Sanctions for rule violations are determined on a matrix, commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. This auditor reviewed CDCR Form 115s to ensure these determinations were made in accordance with the standard.

(e) In accordance with California Code of Regulations, §3323 (*Disciplinary Credit Forfeiture Schedule*), inmates will forfeit credit if found guilty of “*Rape, attempted rape, sodomy, attempted sodomy, oral copulation, and attempted oral copulation against the victim’s will.*”

(f) DOM 54040.15.1 (Alleged Victim – False Allegations) states, “*Following the investigation into sexual violence, or staff sexual misconduct, if it is determined that the allegations were made not in good faith or based upon a reasonable belief that the alleged conduct occurred, the offender making the allegations may be subject to a disciplinary action. A charge of ‘making a false report of a crime,’ a Division ‘E’ offense, is appropriate only if evidence received indicates the offender knowingly made a false report. An allegation deemed unsubstantiated or unfounded based on lack of evidence, does not constitute false reporting.*”

(g) CDCR prohibits sexual activity between inmates. Specifically, California Code of Regulations, §3007 (Sexual Behavior) states, “*Inmates may not participate in illegal sexual acts. Inmates are specifically excluded in laws, which remove legal restraints from acts between consenting adults. Inmates must avoid deliberately placing themselves in situations and behaving in a manner, which is designed to encourage illegal sexual acts.*”

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a-e) DOM section 54040.7 (*Detection, Notification, and Reporting*) states, “If it is reported by an offender during initial intake screening or at any other time during his/her confinement within CDCR, that he/she has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is referred to mental health utilizing the CDCR Form 128-MH5, *Mental Health Referral Chrono.*” Inmates who are not identified at reception or upon arrival at an institution as needing mental health services, but develop such needs later, may be referred to mental health at any time. Two samples of “Form 128s” were provided to show the referral process and follow-up services. Custody staff interviews and medical/mental health interviews confirmed that the Form 128 was the document used to refer inmates who reported sexual abuse to the Mental Health department.

Urgent referrals must be seen within 24 hours, and routine referrals are seen within five working days. Referrals are made for those who identify as having been victimized, as well as those who have sexually inappropriate behavior. Inmates sign an Informed Consent for medical and mental health care services, which indicates information is confidential, except for those with a need to know. CDCR Form 7552 is used when sexual violence outside of an institutional setting is reported, upon authorization of the victim. This information is routed to ISU for appropriate action. Interviews with medical and mental health staff indicated they were aware of and followed standard requirements.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a-c) Chapter 4 of the California Correctional Health Care Services policy says that inmates in CDCR custody are providing with emergency medical response, treatment and transportation 24 hours a day, per policy. Incarcerated victims who require forensic medical examinations are transported to Natividad Medical Center. Inmates may request medical treatment for urgent/emergency needs from any CDCR employee. Interviews with medical health services staff members indicated incarcerated survivors are offered sexually transmitted infection prophylaxis information and treatment during the forensic medical exam and upon their return to the facility. Interviews with custody staff (First Responders) and the Investigative Services Unit Lieutenant and Sergeant, confirmed that, in the event that a report of recent abuse is made outside of normal business hours for medical/mental health staff on the affected yard, immediate notifications are made to medical/mental health staff at the on-site medical facility. This on-site facility has 24/7 coverage of medical and mental health staff within the secure perimeter of SVSP. Staff interviewed at the medical unit stated that they provided continuous coverage for all medical

issues within the facility. Mental health staff maintained 24-hour access through a designated “on-call” staff member.

(d) California Correctional Health Care Services has written directives in its Governance and Administration (Chapter 10, Copayment Program Policy) stating that copayments are not charged if health care service(s) is considered to be treatment services relating to sexual abuse or assault. The victim’s level of cooperation with any investigation does not impact this directive.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a-c) DOM 54040.7 (*Detection, Notification, and Reporting*) states, “If it is reported by an offender during initial intake screening or at any other time during his/her confinement within CDCR, that he/she has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is referred to mental health utilizing the CDCR Form 128-MH5, *Mental Health Referral Chrono*.” Inmates who are not identified at reception or upon arrival at an institution as needing mental health services, but develop such needs later, may be referred to mental health at any time. Urgent referrals must be seen within 24 hours, and routine referrals are seen within five working days. Referrals are made for those who identify as having been victimized, as well as those who have sexually inappropriate behavior. This auditor reviewed documentation indicating evaluations are taking place as required. Interviews with medical and mental health services staff members indicated ongoing treatment is provided to victims of sexual abuse, as well as known inmate-on-inmate abusers. When asked about the comparison with a community-level of care, they indicated they believed the facility’s standard of care to be higher. Inmates are scheduled for appointments and do not have to seek these services out on their own.

DOM 54040.10 covers *Mental Health Responsibilities*:

All victims of sexual violence or staff sexual misconduct shall be referred for an emergent SRE. The SRE must be completed by a qualified and trained staff member. The SRE shall be conducted as soon as possible, but no more than four hours after referral, and shall include a face-to-face evaluation of the victim in a confidential setting. If the SRE indicates a heightened risk for suicide, the mental health staff member shall complete a full mental health evaluation. All victims of sexual violence or staff sexual misconduct shall be referred for a routine Mental Health Evaluation regardless of the outcome of the SRE.

The mental health clinician completing the routine Mental Health Evaluation shall ensure that the victim receives services as outlined in the Mental Health Services Delivery System (MHSDS) Program Guide, which includes criteria for inclusion in the MHSDS program based on qualifying diagnoses or medical

necessity. Any stressors related to the reported sexual violence/staff sexual misconduct (e.g., safety/security issues or fear of retaliation) shall be documented in the Health Record and considered in the decision regarding the victim's need for mental health services. Any victim who requests to be included in the MHSDS and be provided mental health services related to a reported sexual violence/staff sexual misconduct shall be provided services according to the MHSDS Program Guide. If appropriate, the victim shall be given educational materials to provide information related to the medical and mental health conditions which may result after a sexual violence/staff sexual misconduct. Victims shall be monitored for, signs and symptoms of self-harm, post-traumatic stress disorder, depression, and other mental health consequences.

Consideration during medical treatment (including counseling) must be given to:

- Sexually Transmitted Disease (STD) Conversion.
- Presence of Hepatitis B and/or C.
- HIV Testing.
- Pregnancy options, if appropriate.

Specific responsibilities of mental health staff shall be consistent with statewide IMSP&P and/or MHSDS Program Guide, supplemented by local operating procedures.

(d-e) As SVSP does not house female inmates, these elements of the standard does not apply.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a-e) DOM 54040.17 (Institutional PREA Review Committee) directs that each Hiring Authority is required to conduct an incident review of every sexual violence or staff sexual misconduct allegation, including allegations that have not been substantiated. The PCM schedules IPRC reviews within 60 days of the date of the discovery of the allegation. The IPRC consists of, at a minimum, the Warden, the PCM, the Watch Commander for the affected yard, the assigned investigator, medical and mental health staff. The IPRC considers all of the elements required by the standard, as the information becomes available. A copy of the form used to document these meetings was provided to the auditor. The areas analyzed include: physical barriers, staff misconduct, policy/practice adhered to, reporting appropriate, STG (gang) affiliation of any party involved, and a section for "other" relevant factors. A report is prepared at the conclusion of the IPRC meeting. The PCM indicated these reviews are conducted after discovery of the allegation on an on-going basis to ensure the facility is taking appropriate corrective action to prevent further incidents, and not waiting until the conclusion of an investigation. There is a section of the form that includes corrective action. The PCM provided a couple of examples of the completed form which indicated that no further action was needed. In addition to the PCM, the Warden, an Investigator, and a Watch Commander were asked about their

participation in the review committee. They were able to verify their participation in the review committee and spoke to the evaluation of pertinent factors that were reviewed.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

(a,c,d) DOM 54040.20 (PREA Data Storage and Destruction) states, "CDCR shall ensure that all PREA data collected are securely retained. All aggregated PREA data, from facilities under CDCRs [sic] direct control and private facilities with which it contracts, shall be made readily available to the public at least annually through the CDCR website. Before making aggregated PREA data publicly available, all personal identifiers shall be removed. PREA data collected shall be maintained for 10 years after the date of the initial collection."

(b)SVSP provided this auditor with a copy of their 2016 Survey of Sexual Victimization, and a copy of their 2015 and 2016 PREA Annual Reports. The annual reports include the data necessary to answers all questions from the most recent version of the Survey of Sexual Victimization conducted by DOJ.

(e) Records are retained in accordance with the CDCR Records Retention Schedule as stated in DOM 54040.17.

The 2017 PREA Annual Report, as indicated by Capt. Stark, was awaiting approval/signature by the director during the on-site portion of the audit. During a subsequent phone conversation with Director Allison, she reported that she had signed the report. This auditor received a copy of the report on 7-5-2018.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) DOM 54040.17 (*Departmental PREA Coordinator*) states, "Departmental PREA Coordinator 28 CFR, Standard §115.88, requires the agency to review data collected pursuant to standard §115.87 in order to assess and improve the effectiveness of its sexual violence prevention, detection, and response policies, practices, and training.

On an annual basis:

1. The Departmental PREA Coordinator will forward to each institution, a data collection tool which will be utilized by the institutional PCM to summarize information gathered through the Institutional PREA Committee.
2. The institution will complete the data collection tool and return it to the Departmental PREA Coordinator.
3. The Departmental PREA Coordinator will review the information contained on the data collection tool.
4. The Departmental PREA Coordinator will prepare an annual report of the findings and corrective actions for each facility, as well as the agency as a whole.
5. The report will be routed through the chain of command to the Agency Secretary for review and approval.
6. Once approved by the Secretary, the annual report will be forwarded to the Office of Public and Employee Communication for placement on the CDCR Website.

SVSP provided a copy of their *Annual Data Collection Tool and Staffing Plan Review*. There were no changes to staffing noted from the prior year.

(b) DOM 54040.19 (*Tracking-Data Collection and Monitoring*) states, "The PCM or the Parole Employee Relations Officer shall report investigations into allegations of sexual violence and staff sexual misconduct on the monthly update of the Yearly Tracking Report (YTR), including whether the perpetrator was a staff member or offender, disposition and current status."

(c) DOM 54041.17.1 (Annual Review of Staffing Plan) states, "Whenever necessary, but no less frequently than once each year, in consultation with the PREA Coordinator, the institutional PCM and the Program Support Unit shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources assigned to ensure adherence to the staffing plan." The staffing

plan review submitted covers the elements listed in this standard. The annual report is available online at [CDCR 2017 Annual PREA Report](#).

(d) DOM 54040.19 (*Tracking-Data Collection and Monitoring*) states, “Reports shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual violence and staff sexual misconduct. The report shall be approved by the CDCR Secretary and made readily available to the public through the CDCR website. Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility; however, the report must indicate the nature of the material redacted.”

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☐ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a-d)DOM 54040.20 (PREA Data Storage and Destruction) states, "CDCR shall ensure that all PREA data collected are securely retained. All aggregated PREA data, from facilities under CDCR's direct control and private facilities with which it contracts, shall be made readily available to the public at least annually through the CDCR website. Before making aggregated PREA data publicly available, all personal identifiers shall be removed. PREA data collected shall be maintained for 10 years after the date of the initial collection. The 2017 Annual Report is available at:

[CDCR 2017 Annual PREA Report](#)

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The California Department of Corrections and Rehabilitation began PREA audits within its 35 facilities in 2016. This was the Salinas Valley State Prison's first PREA audit. To date, 19 facility audit reports are posted on the agency's website with another four pending. The reports can be viewed at: <https://cdcr.ca.gov/PREA/Reports-Audits.html>.

During the initial 1.5 days of the onsite portion of the audit, the audit team broke down into two two-person teams to tour the facility. The team received access to all areas of the facility. Requests to revisit specific areas or meet with staff/inmates in certain locations was readily granted. This auditor received four (4) letters from inmates prior to the onsite visit. All four inmates were interviewed during the onsite review. Documents that were not initial received were sent expediently by either agency or facility staff. PCM Sullivan (Associate Warden) made himself available through email and telephone to assist with clarification and other questions.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was

published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Of the 35 CDCR facilities, the agency website lists 19 audit reports and four pending audit reports. These reports begin with the first agency's first audits in 2016 and extend to the present. The website containing the PREA information can be viewed at: <https://cdcr.ca.gov/PREA/Reports-Audits.html>.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Douglas K. Lawson

1-29-2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.